

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UNITED WOMEN'S HEALTH ALLIANCE PAC

ADDRESS (number and street)

2021 L ST NW STE 101-193

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00755694

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2021

through

M M M / D D D / Y Y Y Y Y Y
12 31 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

MASTROIANNI, STEPHANIE, , ,

Type or Print Name of Treasurer

Signature of Treasurer

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 30 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2021 | | 23558.27 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 144400.66 | |
| (c) Total Receipts (from Line 19) | 1031642.90 | 1772927.05 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 1176043.56 | 1796485.32 |
| 7. Total Disbursements (from Line 31)..... | 1086344.77 | 1706786.53 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 89698.79 | 89698.79 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 18083.75 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 0 | 1 | | 2 | 0 | 2 | 1 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 3 | 1 | | 2 | 0 | 2 | 1 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 33476.00 | 37018.00 |
| (ii) Unitemized | 998166.90 | 1735909.05 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 1031642.90 | 1772927.05 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 1031642.90 | 1772927.05 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 1031642.90 | 1772927.05 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 1031642.90 | 1772927.05 |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 1004906.70 | 1624173.46 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1004906.70 | 1624173.46 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 79943.07 | 79943.07 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 1495.00 | 2670.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 1495.00 | 2670.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 1086344.77 | 1706786.53 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1086344.77 | 1706786.53 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 1031642.90 | 1772927.05 |
| 34. Total Contribution Refunds (from Line 28(d)) | 1495.00 | 2670.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1030147.90 | 1770257.05 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1004906.70 | 1624173.46 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1004906.70 | 1624173.46 |

: 97 'A -G7 9 @ @ B9 CI G' H9 LH' F9 @ H98 'HC '5 'F9 DCF HZ G7 <98 I @ 'CF 'H9 A -N5 H -CB

Form/Schedule: F3XN

Transaction ID :

BEST EFFORTS PRACTICES - C00755694: 1. The initial solicitation for a contribution is made via phone call and solicitor additionally states during the solicitation call that as a part of compliance, the PAC is required to inform the contributor that "Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year". Following acceptance to provide a contribution, a follow-up invoice letter is mailed to the contributor which includes a clear and conspicuous request for contributor's employer and occupation information to be written in and returned when they mail back their contribution. 2. Secondly, if employer/occupation information was still not provided within the above steps, a follow up letter is sent via US mail along with a separate pre-addressed return envelope sent to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution to send back. 3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone call is placed to the contributor within 30 days of receipt of the contribution during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement. If all of these steps have been exhausted and the employer and occupation information still has not been obtained from the donor, 'best efforts' will be entered into these fields to communicate to the FEC that all above steps were taken. If we are able to obtain missing employer/occupation information, we will amend our report to include the updated information.

Form/Schedule: F3XN

Transaction ID:

During this period, the PAC repaid \$13,000 of the Debt to "STEPHANIE MASTROIANNI". The invoices that are being reimbursed, are attached to this report as MEMO Schedule B21's, all dated 09-01-2021, with MEMO TEXT designating them part of the reimbursement. The invoices original date is included in the MEMO TEXT as well.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F3XN
Transaction ID :

Any Schedule E that did not clear by close of books, has been marked MEMO, and carried on Schedule D into 2022.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALFORD, JAMES, , ,

Mailing Address 23442 EL TORO RD
APT W219

City
LAKE FOREST

State
CA

Zip Code
92630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2021

Transaction ID : SA11AI-26404445

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ALFORD, JAMES, , ,

Mailing Address 23442 EL TORO RD
APT W219

City
LAKE FOREST

State
CA

Zip Code
92630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26409125

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ALFORD, JAMES, , ,

Mailing Address 23442 EL TORO RD
APT W219

City
LAKE FOREST

State
CA

Zip Code
92630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26409265

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALFORD, JAMES, , ,

Mailing Address 23442 EL TORO RD
APT W219

City
LAKE FOREST

State
CA

Zip Code
92630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2021

Transaction ID : SA11AI-26409915

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ALFORD, JAMES, , ,

Mailing Address 23442 EL TORO RD
APT W219

City
LAKE FOREST

State
CA

Zip Code
92630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2021

Transaction ID : SA11AI-26425803

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ALFORD, JAMES, , ,

Mailing Address 23442 EL TORO RD
APT W219

City
LAKE FOREST

State
CA

Zip Code
92630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2021

Transaction ID : SA11AI-26426271

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

135.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City
CHICAGO

State
IL

Zip Code
60657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2021

Transaction ID : SA11AI-26391577

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City
CHICAGO

State
IL

Zip Code
60657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2021

Transaction ID : SA11AI-26392555

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City
CHICAGO

State
IL

Zip Code
60657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2021

Transaction ID : SA11AI-26393661

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

55.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City
CHICAGO

State
IL

Zip Code
60657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2021

Transaction ID : SA11AI-26395873

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City
CHICAGO

State
IL

Zip Code
60657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2021

Transaction ID : SA11AI-26399787

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City
CHICAGO

State
IL

Zip Code
60657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2021

Transaction ID : SA11AI-26401677

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

85.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City
CHICAGO

State
IL

Zip Code
60657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2021

Transaction ID : SA11AI-26414677

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City
CHICAGO

State
IL

Zip Code
60657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2021

Transaction ID : SA11AI-26417723

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City
CHICAGO

State
IL

Zip Code
60657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2021

Transaction ID : SA11AI-26418189

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, RICHARD, , ,

Mailing Address 6317 LOCH MOOR DR

City
EDINAState
MNZip Code
55439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2021

Transaction ID : SA11AI-26410729

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, RICHARD, , ,

Mailing Address 6317 LOCH MOOR DR

City
EDINAState
MNZip Code
55439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2021

Transaction ID : SA11AI-26416013

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. APICELLA, MYRA, , ,

Mailing Address 105 RUDDER RD

City
MILLSBOROState
DEZip Code
19966FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 03 / 2021

Transaction ID : SA11AI-26397363

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

255.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. APICELLA, MYRA, , ,

Mailing Address 105 RUDDER RD

City
MILLSBORO

State
DE

Zip Code
19966

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2021

Transaction ID : SA11AI-26399327

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. APICELLA, MYRA, , ,

Mailing Address 105 RUDDER RD

City
MILLSBORO

State
DE

Zip Code
19966

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2021

Transaction ID : SA11AI-26401389

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. APICELLA, MYRA, , ,

Mailing Address 105 RUDDER RD

City
MILLSBORO

State
DE

Zip Code
19966

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2021

Transaction ID : SA11AI-26413311

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. APICELLA, MYRA, , ,

Mailing Address 105 RUDDER RD

City
MILLSBOROState
DEZip Code
19966FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2021

Transaction ID : SA11AI-26417607

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. APICELLA, MYRA, , ,

Mailing Address 105 RUDDER RD

City
MILLSBOROState
DEZip Code
19966FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2021

Transaction ID : SA11AI-26418397

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARMAS, IGNACIO, , ,

Mailing Address 112 RIVER HONDO RD

City
CLINTState
TXZip Code
79836FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2021

Transaction ID : SA11AI-26360555

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

145.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARMAS, IGNACIO, , ,

Mailing Address 112 RIVER HONDO RD

City
CLINTState
TXZip Code
79836FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 14 / 2021

Transaction ID : SA11AI-26422597

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ARTZE, MARIA, , ,

Mailing Address 14811 SW 50TH TER

City
MIAMIState
FLZip Code
33185FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2021

Transaction ID : SA11AI-26345563

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARTZE, MARIA, , ,

Mailing Address 14811 SW 50TH TER

City
MIAMIState
FLZip Code
33185FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 13 / 2021

Transaction ID : SA11AI-26353465

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

195.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARTZE, MARIA, , ,

Mailing Address 14811 SW 50TH TER

City
MIAMIState
FLZip Code
33185FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2021

Transaction ID : SA11AI-26358701

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ARTZE, MARIA, , ,

Mailing Address 14811 SW 50TH TER

City
MIAMIState
FLZip Code
33185FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2021

Transaction ID : SA11AI-26361321

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARTZE, MARIA, , ,

Mailing Address 14811 SW 50TH TER

City
MIAMIState
FLZip Code
33185FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2021

Transaction ID : SA11AI-26379039

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARTZE, MARIA, , ,

Mailing Address 14811 SW 50TH TER

City
MIAMIState
FLZip Code
33185FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2021

Transaction ID : SA11AI-26385509

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BAKER, FAYE, , ,

Mailing Address 6527 SAPONY TRL

City
ELM CITYState
NCZip Code
27822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Working

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2021

Transaction ID : SA11AI-26351473

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAKER, FAYE, , ,

Mailing Address 6527 SAPONY TRL

City
ELM CITYState
NCZip Code
27822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Working

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2021

Transaction ID : SA11AI-26353841

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BAKER, FAYE, , ,

Mailing Address 6527 SAPONY TRL

City
ELM CITY

State
NC

Zip Code
27822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Working

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 05 / 2021

Transaction ID : SA11AI-26409953

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BAKER, FAYE, , ,

Mailing Address 6527 SAPONY TRL

City
ELM CITY

State
NC

Zip Code
27822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Working

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2021

Transaction ID : SA11AI-26373439

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAKER, FAYE, , ,

Mailing Address 6527 SAPONY TRL

City
ELM CITY

State
NC

Zip Code
27822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Working

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2021

Transaction ID : SA11AI-26384235

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BAKER, FAYE, , ,

Mailing Address 6527 SAPONY TRL

City
ELM CITYState
NCZip Code
27822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best EffortsOccupation (for Individual)
Working

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2021

Transaction ID : SA11AI-26387129

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BENSON, LILA, , ,

Mailing Address 1725 PARAGOULD DR

City
JONESBOROState
ARZip Code
72405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2021

Transaction ID : SA11AI-26391579

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BENSON, GREGORY, , ,

Mailing Address 2155 OLGA ST

City
OXNARDState
CAZip Code
93036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2021

Transaction ID : SA11AI-26399967

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BENSON, GREGORY, , ,

Mailing Address 2155 OLGA ST

City
OXNARD

State
CA

Zip Code
93036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2021

Transaction ID : SA11AI-26407235

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BENSON, GREGORY, , ,

Mailing Address 2155 OLGA ST

City
OXNARD

State
CA

Zip Code
93036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2021

Transaction ID : SA11AI-26413483

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BENSON, LILA, , ,

Mailing Address 1725 PARAGOULD DR

City
JONESBORO

State
AR

Zip Code
72405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2021

Transaction ID : SA11AI-26419551

Amount of Each Receipt this Period

55.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 317
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BENSON, GREGORY, , ,

Mailing Address 2155 OLGA ST

City
OXNARDState
CAZip Code
93036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 08 | / | 2021 |

Transaction ID : SA11AI-26421493

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BENSON, GREGORY, , ,

Mailing Address 2155 OLGA ST

City
OXNARDState
CAZip Code
93036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 15 | / | 2021 |

Transaction ID : SA11AI-26422877

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BENSON, LILA, , ,

Mailing Address 1725 PARAGOULDR DR

City
JONESBOROState
ARZip Code
72405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 20 | / | 2021 |

Transaction ID : SA11AI-26423769

Amount of Each Receipt this Period

105.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

155.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BENSON, GREGORY, , ,

Mailing Address 2155 OLGA ST

City
OXNARD

State
CA

Zip Code
93036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2021

Transaction ID : SA11AI-26424271

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BENSON, LILA, , ,

Mailing Address 1725 PARAGOULD DR

City

JONESBORO

State

AR

Zip Code

72405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2021

Transaction ID : SA11AI-26424123

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BENSON, LILA, , ,

Mailing Address 1725 PARAGOULD DR

City

JONESBORO

State

AR

Zip Code

72405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2021

Transaction ID : SA11AI-26424947

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BENSON, GREGORY, , ,

Mailing Address 2155 OLGA ST

City
OXNARD

State
CA

Zip Code
93036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2021

Transaction ID : SA11AI-26426181

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City

INDIANAPOLIS

State

IN

Zip Code

46216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2021

Transaction ID : SA11AI-26392999

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City

INDIANAPOLIS

State

IN

Zip Code

46216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2021

Transaction ID : SA11AI-26395431

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City
INDIANAPOLIS

State
IN

Zip Code
46216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2021

Transaction ID : SA11AI-26400691

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City
INDIANAPOLIS

State
IN

Zip Code
46216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26402221

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City
INDIANAPOLIS

State
IN

Zip Code
46216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26402227

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

200.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City
INDIANAPOLIS

State
IN

Zip Code
46216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2021

Transaction ID : SA11AI-26404297

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City
INDIANAPOLIS

State
IN

Zip Code
46216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2021

Transaction ID : SA11AI-26404299

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City
INDIANAPOLIS

State
IN

Zip Code
46216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2021

Transaction ID : SA11AI-26410569

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 317

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City
INDIANAPOLIS

State
IN

Zip Code
46216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2021

Transaction ID : SA11AI-26413867

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City
INDIANAPOLIS

State
IN

Zip Code
46216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2021

Transaction ID : SA11AI-26417439

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City
INDIANAPOLIS

State
IN

Zip Code
46216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2021

Transaction ID : SA11AI-26425511

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BISGROVE, RICHARD, , ,

Mailing Address 15091 FORD RD
APT 404

City
DEARBORN

State
MI

Zip Code
48126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2021

Transaction ID : SA11AI-26401897

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BISGROVE, RICHARD, , ,

Mailing Address 15091 FORD RD
APT 404

City
DEARBORN

State
MI

Zip Code
48126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2021

Transaction ID : SA11AI-26360693

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BISGROVE, RICHARD, , ,

Mailing Address 15091 FORD RD
APT 404

City
DEARBORN

State
MI

Zip Code
48126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2021

Transaction ID : SA11AI-26418839

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BISGROVE, RICHARD, , ,

Mailing Address 15091 FORD RD
APT 404

City
DEARBORN

State
MI

Zip Code
48126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2021

Transaction ID : SA11AI-26420207

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BISGROVE, RICHARD, , ,

Mailing Address 15091 FORD RD
APT 404

City
DEARBORN

State
MI

Zip Code
48126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : SA11AI-26423147

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLACK, ANTHONY, , ,

Mailing Address 1305 NORTHCLIFF AVE
APT B13

City
NORMAN

State
OK

Zip Code
73071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2021

Transaction ID : SA11AI-26397669

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BLACK, ANTHONY, , ,

Mailing Address 1305 NORTHCLIFF AVE
APT B13

City
NORMAN

State
OK

Zip Code
73071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2021

Transaction ID : SA11AI-26398407

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BLACK, ANTHONY, , ,

Mailing Address 1305 NORTHCLIFF AVE
APT B13

City
NORMAN

State
OK

Zip Code
73071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2021

Transaction ID : SA11AI-26421499

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLACK, ANTHONY, , ,

Mailing Address 1305 NORTHCLIFF AVE
APT B13

City
NORMAN

State
OK

Zip Code
73071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : SA11AI-26423217

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOERBOOM, NEIL, , ,

Mailing Address 415 N 1ST ST
APT 502

City
MINNEAPOLIS

State
MN

Zip Code
55401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2021

Transaction ID : SA11AI-26392037

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOERBOOM, NEIL, , ,

Mailing Address 415 N 1ST ST
APT 502

City
MINNEAPOLIS

State
MN

Zip Code
55401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2021

Transaction ID : SA11AI-26420277

Amount of Each Receipt this Period

153.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOERBOOM, NEIL, , ,

Mailing Address 415 N 1ST ST
APT 502

City
MINNEAPOLIS

State
MN

Zip Code
55401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2021

Transaction ID : SA11AI-26420395

Amount of Each Receipt this Period

153.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

406.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOOTH, ROBERT, , ,

Mailing Address 1660 GRANDLE CT

City
CINCINNATI

State
OH

Zip Code
45230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26340963

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOOTH, ROBERT, , ,

Mailing Address 1660 GRANDLE CT

City
CINCINNATI

State
OH

Zip Code
45230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2021

Transaction ID : SA11AI-26364469

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOOTH, ROBERT, , ,

Mailing Address 1660 GRANDLE CT

City
CINCINNATI

State
OH

Zip Code
45230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2021

Transaction ID : SA11AI-26369045

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOOTH, ROBERT, , ,

Mailing Address 1660 GRANDLE CT

City
CINCINNATI

State
OH

Zip Code
45230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2021

Transaction ID : SA11AI-26380851

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRADY, NANCY, , ,

Mailing Address 8808 OMEARA CT

City
BAKERSFIELD

State
CA

Zip Code
93311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2021

Transaction ID : SA11AI-26346091

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRADY, NANCY, , ,

Mailing Address 8808 OMEARA CT

City
BAKERSFIELD

State
CA

Zip Code
93311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2021

Transaction ID : SA11AI-26395097

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRADY, NANCY, , ,

Mailing Address 8808 OMEARA CT

City

BAKERSFIELD

State

CA

Zip Code

93311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2021

Transaction ID : SA11AI-26399383

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRADY, NANCY, , ,

Mailing Address 8808 OMEARA CT

City

BAKERSFIELD

State

CA

Zip Code

93311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2021

Transaction ID : SA11AI-26408641

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRADY, NANCY, , ,

Mailing Address 8808 OMEARA CT

City

BAKERSFIELD

State

CA

Zip Code

93311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2021

Transaction ID : SA11AI-26410685

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRADY, NANCY, , ,

Mailing Address 8808 OMEARA CT

City
BAKERSFIELD

State
CA

Zip Code
93311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2021

Transaction ID : SA11AI-26424955

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRAVO, BONNIE, , ,

Mailing Address 3660 VISTA CAMPANA N

City
OCEANSIDE

State
CA

Zip Code
92057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts

Occupation (for Individual)
Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2021

Transaction ID : SA11AI-26423913

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRICK, LARRY, , ,

Mailing Address 9071 W SHARON WAY

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26341303

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

235.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRICK, LARRY, , ,

Mailing Address 9071 W SHARON WAY

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2021

Transaction ID : SA11AI-26353585

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRICK, LARRY, , ,

Mailing Address 9071 W SHARON WAY

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2021

Transaction ID : SA11AI-26367115

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRICK, LARRY, , ,

Mailing Address 9071 W SHARON WAY

City
LA HABRA

State
CA

Zip Code
90631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2021

Transaction ID : SA11AI-26382525

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROADWATER, WILMA, , ,

Mailing Address 419 W MAIN ST

City
OAKDALEState
ILZip Code
62268FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26401975

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROADWATER, WILMA, , ,

Mailing Address 419 W MAIN ST

City
OAKDALEState
ILZip Code
62268FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 27 / 2021

Transaction ID : SA11AI-26402307

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROADWATER, WILMA, , ,

Mailing Address 419 W MAIN ST

City
OAKDALEState
ILZip Code
62268FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2021

Transaction ID : SA11AI-26406705

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

85.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROADWATER, WILMA, , ,

Mailing Address 419 W MAIN ST

City
OAKDALE

State
IL

Zip Code
62268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2021

Transaction ID : SA11AI-26420553

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROADWATER, WILMA, , ,

Mailing Address 419 W MAIN ST

City
OAKDALE

State
IL

Zip Code
62268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2021

Transaction ID : SA11AI-26424833

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, CORNELIA, , ,

Mailing Address 1955 SAN PABLO AVE
APT 220B

City
OAKLAND

State
CA

Zip Code
94612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 04 / 2021

Transaction ID : SA11AI-26391735

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWN, CORNELIA, , ,

Mailing Address 1955 SAN PABLO AVE
APT 220B

City
OAKLAND

State
CA

Zip Code
94612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2021

Transaction ID : SA11AI-26343701

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWN, CORNELIA, , ,

Mailing Address 1955 SAN PABLO AVE
APT 220B

City
OAKLAND

State
CA

Zip Code
94612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2021

Transaction ID : SA11AI-26392773

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, CORNELIA, , ,

Mailing Address 1955 SAN PABLO AVE
APT 220B

City
OAKLAND

State
CA

Zip Code
94612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2021

Transaction ID : SA11AI-26393191

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

105.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWN, WILLIAM, , ,

Mailing Address 100 SECLUDED PL

City
LAFAYETTEState
CAZip Code
94549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2021

Transaction ID : SA11AI-26398665

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWN, WILLIAM, , ,

Mailing Address 100 SECLUDED PL

City
LAFAYETTEState
CAZip Code
94549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2021

Transaction ID : SA11AI-26401157

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, CORNELIA, , ,

Mailing Address 1955 SAN PABLO AVE
APT 220BCity
OAKLANDState
CAZip Code
94612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26402257

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

130.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWN, CORNELIA, , ,

Mailing Address 1955 SAN PABLO AVE
APT 220B

City
OAKLAND

State
CA

Zip Code
94612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2021

Transaction ID : SA11AI-26403319

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWN, CORNELIA, , ,

Mailing Address 1955 SAN PABLO AVE
APT 220B

City
OAKLAND

State
CA

Zip Code
94612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2021

Transaction ID : SA11AI-26404505

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, CORNELIA, , ,

Mailing Address 1955 SAN PABLO AVE
APT 220B

City
OAKLAND

State
CA

Zip Code
94612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2021

Transaction ID : SA11AI-26407229

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWN, WILLIAM, , ,

Mailing Address 100 SECLUDED PL

City
LAFAYETTE

State
CA

Zip Code
94549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2021

Transaction ID : SA11AI-26419475

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUDDINGH, HENRY, , ,

Mailing Address 1689 JUNIPER ST

City
LIVERMORE

State
CA

Zip Code
94551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2021

Transaction ID : SA11AI-26415027

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUDDINGH, HENRY, , ,

Mailing Address 1689 JUNIPER ST

City
LIVERMORE

State
CA

Zip Code
94551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 22 / 2021

Transaction ID : SA11AI-26418667

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 317
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUDDINGH, HENRY, , ,

Mailing Address 1689 JUNIPER ST

City
LIVERMOREState
CAZip Code
94551FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 20 | / | 2021 |

Transaction ID : SA11AI-26424037

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BURROUGHS, ROBERT, , ,

Mailing Address 3315 33RD PL N

City
BIRMINGHAMState
ALZip Code
35207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 18 | / | 2021 |

Transaction ID : SA11AI-26400137

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BURROUGHS, ROBERT, , ,

Mailing Address 3315 33RD PL N

City
BIRMINGHAMState
ALZip Code
35207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 09 | / | 2021 |

Transaction ID : SA11AI-26359853

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BURROUGHS, ROBERT, , ,

Mailing Address 3315 33RD PL N

City
BIRMINGHAM

State
AL

Zip Code
35207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2021

Transaction ID : SA11AI-26410757

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BURROUGHS, ROBERT, , ,

Mailing Address 3315 33RD PL N

City
BIRMINGHAM

State
AL

Zip Code
35207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2021

Transaction ID : SA11AI-26423103

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BURROUGHS, ROBERT, , ,

Mailing Address 3315 33RD PL N

City
BIRMINGHAM

State
AL

Zip Code
35207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2021

Transaction ID : SA11AI-26425501

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

210.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 317

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASSELBURY, SUSIE, , ,

Mailing Address 25849 PA-29

City
HALLSTEADState
WIZip Code
18822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 26 | / | 2021 |

Transaction ID : SA11AI-26395919

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CASSELBURY, SUSIE, , ,

Mailing Address 25849 PA-29

City
HALLSTEADState
WIZip Code
18822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 09 | / | 2021 |

Transaction ID : SA11AI-26404893

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CASSELBURY, SUSIE, , ,

Mailing Address 25849 PA-29

City
HALLSTEADState
WIZip Code
18822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 10 | / | 2021 |

Transaction ID : SA11AI-26416755

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

85.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASSELBURY, SUSIE, , ,

Mailing Address 25849 PA-29

City
HALLSTEADState
WIZip Code
18822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2021

Transaction ID : SA11AI-26418861

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CASSELBURY, SUSIE, , ,

Mailing Address 25849 PA-29

City
HALLSTEADState
WIZip Code
18822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2021

Transaction ID : SA11AI-26425563

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLLINS, BEN, , ,

Mailing Address 1225 RIVEROAKS DR

City
COLONIAL HEIGHTSState
VAZip Code
23834FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2021

Transaction ID : SA11AI-26352979

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

120.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLLINS, BEN, , ,

Mailing Address 1225 RIVEROAKS DR

City
COLONIAL HEIGHTS

State
VA

Zip Code
23834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2021

Transaction ID : SA11AI-26424287

Amount of Each Receipt this Period

155.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONNER, JOHN, , ,

Mailing Address 512 S MARKET ST

City
WINAMAC

State
IN

Zip Code
46996

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2021

Transaction ID : SA11AI-26391889

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CONNER, JOHN, , ,

Mailing Address 512 S MARKET ST

City
WINAMAC

State
IN

Zip Code
46996

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2021

Transaction ID : SA11AI-26403167

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONNER, JOHN, , ,

Mailing Address 512 S MARKET ST

City
WINAMACState
INZip Code
46996FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26409161

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONNER, JOHN, , ,

Mailing Address 512 S MARKET ST

City
WINAMACState
INZip Code
46996FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2021

Transaction ID : SA11AI-26415569

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CONNER, JOHN, , ,

Mailing Address 512 S MARKET ST

City
WINAMACState
INZip Code
46996FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2021

Transaction ID : SA11AI-26421799

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

135.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOPER, SANDRA, , ,

Mailing Address 534 NITA DR

City
FULTONState
MSZip Code
38843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2021

Transaction ID : SA11AI-26395525

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOPER, SANDRA, , ,

Mailing Address 534 NITA DR

City
FULTONState
MSZip Code
38843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 12 / 2021

Transaction ID : SA11AI-26399207

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOPER, SANDRA, , ,

Mailing Address 534 NITA DR

City
FULTONState
MSZip Code
38843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2021

Transaction ID : SA11AI-26403277

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOPER, SANDRA, , ,

Mailing Address 534 NITA DR

City
FULTONState
MSZip Code
38843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2021

Transaction ID : SA11AI-26410155

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOPER, SANDRA, , ,

Mailing Address 534 NITA DR

City
FULTONState
MSZip Code
38843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2021

Transaction ID : SA11AI-26416287

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COURTNEY, REBECCA, , ,

Mailing Address 3656 LOWER SAXTOWN RD

City
WATERLOOState
ILZip Code
62298FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2021

Transaction ID : SA11AI-26408381

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

240.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COURTNEY, REBECCA, , ,

Mailing Address 3656 LOWER SAXTOWN RD

City
WATERLOOState
ILZip Code
62298FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2021

Transaction ID : SA11AI-26413709

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COURTNEY, REBECCA, , ,

Mailing Address 3656 LOWER SAXTOWN RD

City
WATERLOOState
ILZip Code
62298FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2021

Transaction ID : SA11AI-26420933

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRADDOCK, KENNETH, , ,

Mailing Address 6073 HOLLOW HILL LN

City
SPRINGFIELDState
VAZip Code
22152FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26341289

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

155.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CRADDOCK, KENNETH, , ,

Mailing Address 6073 HOLLOW HILL LN

City
SPRINGFIELDState
VAZip Code
22152FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2021

Transaction ID : SA11AI-26399651

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CRADDOCK, KENNETH, , ,

Mailing Address 6073 HOLLOW HILL LN

City
SPRINGFIELDState
VAZip Code
22152FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2021

Transaction ID : SA11AI-26358507

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CUDDY, ROSEMARY, , ,

Mailing Address 599 GAITHER RD

City
SYKESVILLEState
MDZip Code
21784FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2021

Transaction ID : SA11AI-26401693

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

140.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CUDDY, ROSEMARY, , ,

Mailing Address 599 GAITHER RD

City
SYKESVILLE

State
MD

Zip Code
21784

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2021

Transaction ID : SA11AI-26423615

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DARBY, JANICE, , ,

Mailing Address 918 WESTWINDS DR

City
COLUMBIA

State
MO

Zip Code
65203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2021

Transaction ID : SA11AI-26411963

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DARBY, JANICE, , ,

Mailing Address 918 WESTWINDS DR

City
COLUMBIA

State
MO

Zip Code
65203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 22 / 2021

Transaction ID : SA11AI-26418717

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVIS, SALLY, , ,

Mailing Address 34554 MERION CT

City
DADE CITYState
FLZip Code
33525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2021

Transaction ID : SA11AI-26409659

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, SALLY, , ,

Mailing Address 34554 MERION CT

City
DADE CITYState
FLZip Code
33525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2021

Transaction ID : SA11AI-26415361

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIS, SALLY, , ,

Mailing Address 34554 MERION CT

City
DADE CITYState
FLZip Code
33525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2021

Transaction ID : SA11AI-26418119

Amount of Each Receipt this Period

55.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVIS, SALLY, , ,

Mailing Address 34554 MERION CT

City
DADE CITYState
FLZip Code
33525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2021

Transaction ID : SA11AI-26421239

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DELAMAR, EARNESTINE, , ,

Mailing Address 3839 SAINT BARNABAS RD
APT T3City
SUITLANDState
MDZip Code
20746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2021

Transaction ID : SA11AI-26344873

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DELAMAR, EARNESTINE, , ,

Mailing Address 3839 SAINT BARNABAS RD
APT T3City
SUITLANDState
MDZip Code
20746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2021

Transaction ID : SA11AI-26399165

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

160.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DELAMAR, EARNESTINE, , ,

Mailing Address 3839 SAINT BARNABAS RD
 APT T3

City
 SUITLAND

State
 MD

Zip Code
 20746

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2021

Transaction ID : SA11AI-26355551

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DELAMAR, EARNESTINE, , ,

Mailing Address 3839 SAINT BARNABAS RD
 APT T3

City
 SUITLAND

State
 MD

Zip Code
 20746

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2021

Transaction ID : SA11AI-26407489

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DELAMAR, EARNESTINE, , ,

Mailing Address 3839 SAINT BARNABAS RD
 APT T3

City
 SUITLAND

State
 MD

Zip Code
 20746

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2021

Transaction ID : SA11AI-26414501

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DESPO, NICHOLAS, , ,

Mailing Address 7781 LAKE BLVD

City
JAMESTOWN

State
PA

Zip Code
16134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2021

Transaction ID : SA11AI-26363999

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DESPO, NICHOLAS, , ,

Mailing Address 7781 LAKE BLVD

City
JAMESTOWN

State
PA

Zip Code
16134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2021

Transaction ID : SA11AI-26415521

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEWOLF, MAXINE, , ,

Mailing Address 514 N JENNINGS RD

City
INDEPENDENCE

State
MO

Zip Code
64056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2021

Transaction ID : SA11AI-26343117

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

130.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEWOLF, MAXINE, , ,

Mailing Address 514 N JENNINGS RD

City
INDEPENDENCEState
MOZip Code
64056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2021

Transaction ID : SA11AI-26346505

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEWOLF, MAXINE, , ,

Mailing Address 514 N JENNINGS RD

City
INDEPENDENCEState
MOZip Code
64056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2021

Transaction ID : SA11AI-26347785

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEWOLF, MAXINE, , ,

Mailing Address 514 N JENNINGS RD

City
INDEPENDENCEState
MOZip Code
64056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2021

Transaction ID : SA11AI-26370397

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEWOLF, MAXINE, , ,

Mailing Address 514 N JENNINGS RD

City
INDEPENDENCE

State
MO

Zip Code
64056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2021

Transaction ID : SA11AI-26387971

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIETZ, KAY, , ,

Mailing Address 3851 DECLARATION AVE

City
CALABASAS

State
CA

Zip Code
91302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2021

Transaction ID : SA11AI-26392941

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIETZ, GREGORY, , ,

Mailing Address 53 CLIFF ST

City
DAYTON

State
OH

Zip Code
45405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2021

Transaction ID : SA11AI-26404091

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIETZ, KAY, , ,

Mailing Address 3851 DECLARATION AVE

City
CALABASAS

State
CA

Zip Code
91302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI-26409585

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIETZ, KAY, , ,

Mailing Address 3851 DECLARATION AVE

City
CALABASAS

State
CA

Zip Code
91302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2021

Transaction ID : SA11AI-26412565

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIETZ, KAY, , ,

Mailing Address 3851 DECLARATION AVE

City
CALABASAS

State
CA

Zip Code
91302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2021

Transaction ID : SA11AI-26414523

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIETZ, GREGORY, , ,

Mailing Address 53 CLIFF ST

City
DAYTONState
OHZip Code
45405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2021

Transaction ID : SA11AI-26415795

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIETZ, GREGORY, , ,

Mailing Address 53 CLIFF ST

City
DAYTONState
OHZip Code
45405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2021

Transaction ID : SA11AI-26419437

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIETZ, GREGORY, , ,

Mailing Address 53 CLIFF ST

City
DAYTONState
OHZip Code
45405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2021

Transaction ID : SA11AI-26423785

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

120.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIETZ, GREGORY, , ,

Mailing Address 53 CLIFF ST

City
DAYTONState
OHZip Code
45405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2021

Transaction ID : SA11AI-26424293

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIROSARIO, PATRICIA, , ,

Mailing Address 87 LYMAN BARNES RD

City
BRIMFIELDState
MAZip Code
01010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2021

Transaction ID : SA11AI-26403917

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIROSARIO, PATRICIA, , ,

Mailing Address 87 LYMAN BARNES RD

City
BRIMFIELDState
MAZip Code
01010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2021

Transaction ID : SA11AI-26411161

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

375.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIROSARIO, PATRICIA, , ,

Mailing Address 87 LYMAN BARNES RD

City
BRIMFIELDState
MAZip Code
01010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2021

Transaction ID : SA11AI-26412297

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIROSARIO, PATRICIA, , ,

Mailing Address 87 LYMAN BARNES RD

City
BRIMFIELDState
MAZip Code
01010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : SA11AI-26423031

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIROSARIO, PATRICIA, , ,

Mailing Address 87 LYMAN BARNES RD

City
BRIMFIELDState
MAZip Code
01010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2021

Transaction ID : SA11AI-26425801

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

365.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIX, TOMMY, , ,

Mailing Address 221 OLD CARRIAGE WAY

City
WILLIAMSBURG

State
VA

Zip Code
23188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2021

Transaction ID : SA11AI-26400049

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIX, TOMMY, , ,

Mailing Address 221 OLD CARRIAGE WAY

City
WILLIAMSBURG

State
VA

Zip Code
23188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2021

Transaction ID : SA11AI-26408095

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIX, TOMMY, , ,

Mailing Address 221 OLD CARRIAGE WAY

City
WILLIAMSBURG

State
VA

Zip Code
23188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2021

Transaction ID : SA11AI-26420373

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

120.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 317

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOHERTY, BEATRICE, , ,

Mailing Address 38 INWOOD DR

City
MILLTOWN

State
NJ

Zip Code
08850

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2021

Transaction ID : SA11AI-26342285

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOHERTY, BEATRICE, , ,

Mailing Address 38 INWOOD DR

City
MILLTOWN

State
NJ

Zip Code
08850

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2021

Transaction ID : SA11AI-26351535

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DOHERTY, BEATRICE, , ,

Mailing Address 38 INWOOD DR

City
MILLTOWN

State
NJ

Zip Code
08850

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2021

Transaction ID : SA11AI-26376607

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

95.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 317

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOHERTY, BEATRICE, , ,

Mailing Address 38 INWOOD DR

City
MILLTOWNState
NJZip Code
08850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2021

Transaction ID : SA11AI-26381505

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DRASHER, CLAYTON, , ,

Mailing Address 1008 HIDEBOUND RD

City
BURNSState
TNZip Code
37029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2021

Transaction ID : SA11AI-26407559

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DRASHER, CLAYTON, , ,

Mailing Address 1008 HIDEBOUND RD

City
BURNSState
TNZip Code
37029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2021

Transaction ID : SA11AI-26417785

Amount of Each Receipt this Period

55.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

140.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DRASHER, CLAYTON, , ,

Mailing Address 1008 HIDEBOUND RD

City
BURNSState
TNZip Code
37029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 27 / 2021

Transaction ID : SA11AI-26425569

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EDWARDS, DARRYL, , ,

Mailing Address 100 MELROSE AVE E
APT 309City
SEATTLEState
WAZip Code
98102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2021

Transaction ID : SA11AI-26360971

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ERICKSON, ROBERT, , ,

Mailing Address 644 WOODS AVE

City
FLEMINGTONState
PAZip Code
17745FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 14 / 2021

Transaction ID : SA11AI-26393691

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

485.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ERICKSON, ROBERT, , ,

Mailing Address 644 WOODS AVE

City
FLEMINGTON

State
PA

Zip Code
17745

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2021

Transaction ID : SA11AI-26396587

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ERICKSON, ROBERT, , ,

Mailing Address 644 WOODS AVE

City
FLEMINGTON

State
PA

Zip Code
17745

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2021

Transaction ID : SA11AI-26414503

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ERICKSON, ROBERT, , ,

Mailing Address 644 WOODS AVE

City
FLEMINGTON

State
PA

Zip Code
17745

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2021

Transaction ID : SA11AI-26415357

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FESSLER, DOUGIE, , ,

Mailing Address 80 W SIERRA MADRE BLVD

City
SIERRA MADRE

State
CA

Zip Code
91024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts

Occupation (for Individual)
Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2021

Transaction ID : SA11AI-26418799

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FESSLER, DOUGIE, , ,

Mailing Address 80 W SIERRA MADRE BLVD

City
SIERRA MADRE

State
CA

Zip Code
91024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts

Occupation (for Individual)
Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2021

Transaction ID : SA11AI-26384895

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FETTERS, LINDA, , ,

Mailing Address 3718 ASPEN RD

City
MOOSE LAKE

State
MN

Zip Code
55767

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2021

Transaction ID : SA11AI-26408657

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FETTERS, LINDA, , ,

Mailing Address 3718 ASPEN RD

City
MOOSE LAKE

State
MN

Zip Code
55767

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2021

Transaction ID : SA11AI-26426193

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FIENEN, JOHN, , ,

Mailing Address 500 W JACKSON ST
APT 203

City

SAINT PETER

State
MN

Zip Code
56082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2021

Transaction ID : SA11AI-26405851

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FIENEN, JOHN, , ,

Mailing Address 500 W JACKSON ST
APT 203

City

SAINT PETER

State
MN

Zip Code
56082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2021

Transaction ID : SA11AI-26406363

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FIENEN, JOHN, , ,

Mailing Address 500 W JACKSON ST
APT 203

City
SAINT PETER

State
MN

Zip Code
56082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 24 / 2021

Transaction ID : SA11AI-26419029

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FIENEN, JOHN, , ,

Mailing Address 500 W JACKSON ST
APT 203

City

SAINT PETER

State

MN

Zip Code

56082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2021

Transaction ID : SA11AI-26423495

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FINGER, JOHN, , ,

Mailing Address 420 ANDREW DR

City

DACONO

State

CO

Zip Code

80514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26391421

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FINGER, JOHN, , ,

Mailing Address 420 ANDREW DR

City
DACONO

State
CO

Zip Code
80514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2021

Transaction ID : SA11AI-26393689

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FINGER, JOHN, , ,

Mailing Address 420 ANDREW DR

City
DACONO

State
CO

Zip Code
80514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2021

Transaction ID : SA11AI-26404947

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FINGER, JOHN, , ,

Mailing Address 420 ANDREW DR

City
DACONO

State
CO

Zip Code
80514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2021

Transaction ID : SA11AI-26408033

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FINGER, JOHN, , ,

Mailing Address 420 ANDREW DR

City
DACONOState
COZip Code
80514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2021

Transaction ID : SA11AI-26418851

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FINHOLM, TIMOTHY, , ,

Mailing Address 9198 WISTERIA ST

City
LADSONState
SCZip Code
29456FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2021

Transaction ID : SA11AI-26374487

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRANKLIN, MARK, , ,

Mailing Address 1017 SHADOWLAWN DR

City
TOLEDOState
OHZip Code
43609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2021

Transaction ID : SA11AI-26364243

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

660.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREEMAN, KELMITH, , ,

Mailing Address 1151 NW 92ND ST

City
OKLAHOMA CITY

State
OK

Zip Code
73114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

08 / 17 / 2021

Transaction ID : SA11AI-26399941

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREEMAN, JANICE, , ,

Mailing Address 2613 TEABERRY DR

City
NORTH CHESTERFIELD

State
VA

Zip Code
23236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 24 / 2021

Transaction ID : SA11AI-26401445

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FREEMAN, KELMITH, , ,

Mailing Address 1151 NW 92ND ST

City
OKLAHOMA CITY

State
OK

Zip Code
73114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

585.00

Date of Receipt

09 / 01 / 2021

Transaction ID : SA11AI-26403413

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREEMAN, KELMITH, , ,

Mailing Address 1151 NW 92ND ST

City
OKLAHOMA CITY

State
OK

Zip Code
73114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2021

Transaction ID : SA11AI-26418779

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREEMAN, KELMITH, , ,

Mailing Address 1151 NW 92ND ST

City
OKLAHOMA CITY

State
OK

Zip Code
73114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2021

Transaction ID : SA11AI-26418843

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FREEMAN, JANICE, , ,

Mailing Address 2613 TEABERRY DR

City
NORTH CHESTERFIELD

State
VA

Zip Code
23236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2021

Transaction ID : SA11AI-26420247

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

155.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREEMAN, KELMITH, , ,

Mailing Address 1151 NW 92ND ST

City
OKLAHOMA CITY

State
OK

Zip Code
73114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2021

Transaction ID : SA11AI-26421953

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREEMAN, JANICE, , ,

Mailing Address 2613 TEABERRY DR

City
NORTH CHESTERFIELD

State
VA

Zip Code
23236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2021

Transaction ID : SA11AI-26424289

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FREEMAN, KELMITH, , ,

Mailing Address 1151 NW 92ND ST

City
OKLAHOMA CITY

State
OK

Zip Code
73114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2021

Transaction ID : SA11AI-26424573

Amount of Each Receipt this Period

120.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARRAHAN-MASTERS, MARY, , ,

Mailing Address 501 HARRIET LN

City
HAVERTOWN

State
PA

Zip Code
19083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2021

Transaction ID : SA11AI-26399363

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARRAHAN-MASTERS, MARY, , ,

Mailing Address 501 HARRIET LN

City
HAVERTOWN

State
PA

Zip Code
19083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2021

Transaction ID : SA11AI-26400413

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARRAHAN-MASTERS, MARY, , ,

Mailing Address 501 HARRIET LN

City
HAVERTOWN

State
PA

Zip Code
19083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

895.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2021

Transaction ID : SA11AI-26415827

Amount of Each Receipt this Period

105.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

355.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARRAHAN-MASTERS, MARY, , ,

Mailing Address 501 HARRIET LN

City
HAVERTOWN

State
PA

Zip Code
19083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2021

Transaction ID : SA11AI-26418185

Amount of Each Receipt this Period

310.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GATTI, GEORGE, , ,

Mailing Address 310 W 4TH ST

City
SAN DIMAS

State
CA

Zip Code
91773

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26391491

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GATTI, GEORGE, , ,

Mailing Address 310 W 4TH ST

City
SAN DIMAS

State
CA

Zip Code
91773

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2021

Transaction ID : SA11AI-26398493

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

380.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GAYDEN, BRIGETTE, , ,

Mailing Address 4808 CRESTFIELD RD

City
MILLINGTON

State
TN

Zip Code
38053

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts

Occupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2021

Transaction ID : SA11AI-26386875

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GEPHARK, ANN, , ,

Mailing Address 337 GRACE VILLAGE DR

City
WINONA LAKE

State
IN

Zip Code
46590

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2021

Transaction ID : SA11AI-26398177

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GEPHARK, ANN, , ,

Mailing Address 337 GRACE VILLAGE DR

City
WINONA LAKE

State
IN

Zip Code
46590

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2021

Transaction ID : SA11AI-26414909

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GEPHARK, ANN, , ,

Mailing Address 337 GRACE VILLAGE DR

City
WINONA LAKE

State
IN

Zip Code
46590

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2021

Transaction ID : SA11AI-26420123

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GEPHARK, ANN, , ,

Mailing Address 337 GRACE VILLAGE DR

City
WINONA LAKE

State
IN

Zip Code
46590

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2021

Transaction ID : SA11AI-26422157

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GEPHARK, ANN, , ,

Mailing Address 337 GRACE VILLAGE DR

City
WINONA LAKE

State
IN

Zip Code
46590

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : SA11AI-26423357

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GEPHARK, ANN, , ,

Mailing Address 337 GRACE VILLAGE DR

City
WINONA LAKE

State
IN

Zip Code
46590

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2021

Transaction ID : SA11AI-26425443

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRAHAM, WEST, , ,

Mailing Address 4635 BORDER VILLAGE RD
APT 6-2

City
SAN YSIDRO

State
CA

Zip Code
92173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2021

Transaction ID : SA11AI-26401063

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRAHAM, WEST, , ,

Mailing Address 4635 BORDER VILLAGE RD
APT 6-2

City
SAN YSIDRO

State
CA

Zip Code
92173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2021

Transaction ID : SA11AI-26401413

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRAHAM, WEST, , ,

Mailing Address 4635 BORDER VILLAGE RD
APT 6-2

City
SAN YSIDRO

State
CA

Zip Code
92173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2021

Transaction ID : SA11AI-26419021

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRAHAM, WEST, , ,

Mailing Address 4635 BORDER VILLAGE RD
APT 6-2

City
SAN YSIDRO

State
CA

Zip Code
92173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2021

Transaction ID : SA11AI-26419175

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRAY, DORIS, , ,

Mailing Address 16319 122ND AVE E

City
PUYALLUP

State
WA

Zip Code
98374

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2021

Transaction ID : SA11AI-26398783

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRAY, DORIS, , ,

Mailing Address 16319 122ND AVE E

City
PUYALLUP

State
WA

Zip Code
98374

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2021

Transaction ID : SA11AI-26399451

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRAY, DORIS, , ,

Mailing Address 16319 122ND AVE E

City
PUYALLUP

State
WA

Zip Code
98374

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : SA11AI-26423253

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREENE, BETTY, , ,

Mailing Address 5886 DE ZAVALA RD

City
SAN ANTONIO

State
TX

Zip Code
78249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2021

Transaction ID : SA11AI-26401691

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREENE, BETTY, , ,

Mailing Address 5886 DE ZAVALA RD

City
SAN ANTONIO

State
TX

Zip Code
78249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2021

Transaction ID : SA11AI-26403845

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREENE, BETTY, , ,

Mailing Address 5886 DE ZAVALA RD

City
SAN ANTONIO

State
TX

Zip Code
78249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2021

Transaction ID : SA11AI-26412525

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREENE, BETTY, , ,

Mailing Address 5886 DE ZAVALA RD

City
SAN ANTONIO

State
TX

Zip Code
78249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2021

Transaction ID : SA11AI-26414507

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

175.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREENE, BETTY, , ,

Mailing Address 5886 DE ZAVALA RD

City
SAN ANTONIO

State
TX

Zip Code
78249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2021

Transaction ID : SA11AI-26417101

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREENE, BETTY, , ,

Mailing Address 5886 DE ZAVALA RD

City
SAN ANTONIO

State
TX

Zip Code
78249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2021

Transaction ID : SA11AI-26418761

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREENE, BETTY, , ,

Mailing Address 5886 DE ZAVALA RD

City
SAN ANTONIO

State
TX

Zip Code
78249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2021

Transaction ID : SA11AI-26424557

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUENTHER, JUDITH, , ,

Mailing Address 6841 W FOND DU LAC AVE

City
MILWAUKEE

State
WI

Zip Code
53218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26391479

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUENTHER, JUDITH, , ,

Mailing Address 6841 W FOND DU LAC AVE

City
MILWAUKEE

State
WI

Zip Code
53218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2021

Transaction ID : SA11AI-26394121

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUENTHER, JUDITH, , ,

Mailing Address 6841 W FOND DU LAC AVE

City
MILWAUKEE

State
WI

Zip Code
53218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2021

Transaction ID : SA11AI-26419655

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

105.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAGER, THOMAS, , ,

Mailing Address 695 SUMMER LN

City
WHITE SALMON

State
WA

Zip Code
98672

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2021

Transaction ID : SA11AI-26392575

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAGER, THOMAS, , ,

Mailing Address 695 SUMMER LN

City
WHITE SALMON

State
WA

Zip Code
98672

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2021

Transaction ID : SA11AI-26384519

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAM, LEWIS, , ,

Mailing Address 5500 CALLE REAL
APT C-226

City
SANTA BARBARA

State
CA

Zip Code
93111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2021

Transaction ID : SA11AI-26398157

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

200.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAM, LEWIS, , ,

Mailing Address 5500 CALLE REAL
APT C-226

City
SANTA BARBARA

State
CA

Zip Code
93111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2021

Transaction ID : SA11AI-26420555

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAM, LEWIS, , ,

Mailing Address 5500 CALLE REAL
APT C-226

City
SANTA BARBARA

State
CA

Zip Code
93111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2021

Transaction ID : SA11AI-26424403

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAM, LEWIS, , ,

Mailing Address 5500 CALLE REAL
APT C-226

City
SANTA BARBARA

State
CA

Zip Code
93111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2021

Transaction ID : SA11AI-26424623

Amount of Each Receipt this Period

110.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

335.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 89 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMMELL, SUSAN, , ,

Mailing Address 817 SUMMIT AVE

City
WESTFIELD

State
NJ

Zip Code
07090

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2021

Transaction ID : SA11AI-26350373

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAMMELL, SUSAN, , ,

Mailing Address 817 SUMMIT AVE

City
WESTFIELD

State
NJ

Zip Code
07090

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2021

Transaction ID : SA11AI-26359579

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAMMELL, SUSAN, , ,

Mailing Address 817 SUMMIT AVE

City
WESTFIELD

State
NJ

Zip Code
07090

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2021

Transaction ID : SA11AI-26382195

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMMELL, SUSAN, , ,

Mailing Address 817 SUMMIT AVE

City
WESTFIELDState
NJZip Code
07090FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2021

Transaction ID : SA11AI-26384769

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEINOLD, RICHARD, , ,

Mailing Address 142 WATCH HILL RD

City
WESTERLYState
RIZip Code
02891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2021

Transaction ID : SA11AI-26346205

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEINOLD, RICHARD, , ,

Mailing Address 142 WATCH HILL RD

City
WESTERLYState
RIZip Code
02891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2021

Transaction ID : SA11AI-26408653

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

175.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 317

(check only one)

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEINOLD, RICHARD, , ,

Mailing Address 142 WATCH HILL RD

City
WESTERLY

State
RI

Zip Code
02891

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2021

Transaction ID : SA11AI-26423685

Amount of Each Receipt this Period

110.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLMES, GAYLE, , ,

Mailing Address 8545 CARMEL VALLEY RD

City
CARMEL

State
CA

Zip Code
93923

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2021

Transaction ID : SA11AI-26410775

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLMES, GAYLE, , ,

Mailing Address 8545 CARMEL VALLEY RD

City
CARMEL

State
CA

Zip Code
93923

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2021

Transaction ID : SA11AI-26414379

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLMES, GAYLE, , ,

Mailing Address 8545 CARMEL VALLEY RD

City
CARMELState
CAZip Code
93923FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2021

Transaction ID : SA11AI-26419941

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLMES, GAYLE, , ,

Mailing Address 8545 CARMEL VALLEY RD

City
CARMELState
CAZip Code
93923FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2021

Transaction ID : SA11AI-26420329

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLMES, GAYLE, , ,

Mailing Address 8545 CARMEL VALLEY RD

City
CARMELState
CAZip Code
93923FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2021

Transaction ID : SA11AI-26421041

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

95.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 317

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOOD, LLOYD, , ,

Mailing Address 7830 CAMINO REAL
APT 409

City
MIAMI

State
FL

Zip Code
33143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2021

Transaction ID : SA11AI-26398161

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOOD, LLOYD, , ,

Mailing Address 7830 CAMINO REAL
APT 409

City
MIAMI

State
FL

Zip Code
33143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2021

Transaction ID : SA11AI-26406577

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOOD, LLOYD, , ,

Mailing Address 7830 CAMINO REAL
APT 409

City
MIAMI

State
FL

Zip Code
33143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2021

Transaction ID : SA11AI-26412191

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

110.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOOD, LLOYD, , ,

Mailing Address 7830 CAMINO REAL
APT 409

City
MIAMI

State
FL

Zip Code
33143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2021

Transaction ID : SA11AI-26413411

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOOD, LLOYD, , ,

Mailing Address 7830 CAMINO REAL
APT 409

City
MIAMI

State
FL

Zip Code
33143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2021

Transaction ID : SA11AI-26420245

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUDSON, JODIE, , ,

Mailing Address PO BOX 692

City
LAKE ARTHUR

State
LA

Zip Code
70549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26391477

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

115.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUDSON, JODIE, , ,

Mailing Address PO BOX 692

City

LAKE ARTHUR

State

LA

Zip Code

70549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2021

Transaction ID : SA11AI-26392703

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUDSON, JODIE, , ,

Mailing Address PO BOX 692

City

LAKE ARTHUR

State

LA

Zip Code

70549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2021

Transaction ID : SA11AI-26394663

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUDSON, JODIE, , ,

Mailing Address PO BOX 692

City

LAKE ARTHUR

State

LA

Zip Code

70549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2021

Transaction ID : SA11AI-26408427

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUDSON, JODIE, , ,

Mailing Address PO BOX 692

City
LAKE ARTHUR

State
LA

Zip Code
70549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2021

Transaction ID : SA11AI-26409959

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. IGLESIAS, SHIRLEY, , ,

Mailing Address 1802 TULPEHOCKEN RD
APT 279

City
READING

State
PA

Zip Code
19610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26402209

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOCHER, RONALD, , ,

Mailing Address 5513 N GARELOCH AVE

City
AZUSA

State
CA

Zip Code
91702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2021

Transaction ID : SA11AI-26391891

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOCHER, RONALD, , ,

Mailing Address 5513 N GARELOCH AVE

City
AZUSA

State
CA

Zip Code
91702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2021

Transaction ID : SA11AI-26399861

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOCHER, RONALD, , ,

Mailing Address 5513 N GARELOCH AVE

City
AZUSA

State
CA

Zip Code
91702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2021

Transaction ID : SA11AI-26411865

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOCHER, RONALD, , ,

Mailing Address 5513 N GARELOCH AVE

City
AZUSA

State
CA

Zip Code
91702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2021

Transaction ID : SA11AI-26417727

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

115.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOCHER, RONALD, , ,

Mailing Address 5513 N GARELOCH AVE

City
AZUSAState
CAZip Code
91702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2021

Transaction ID : SA11AI-26423693

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, HENRY, , ,

Mailing Address 2950 KIRKBRIDE WAY
APT 212City
INDIANAPOLISState
INZip Code
46222FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26391481

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, HENRY, , ,

Mailing Address 2950 KIRKBRIDE WAY
APT 212City
INDIANAPOLISState
INZip Code
46222FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2021

Transaction ID : SA11AI-26401595

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, HENRY, , ,

Mailing Address 2950 KIRKBRIDE WAY
APT 212

City
INDIANAPOLIS

State
IN

Zip Code
46222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2021

Transaction ID : SA11AI-26404991

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, HENRY, , ,

Mailing Address 2950 KIRKBRIDE WAY
APT 212

City
INDIANAPOLIS

State
IN

Zip Code
46222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26409267

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, HENRY, , ,

Mailing Address 2950 KIRKBRIDE WAY
APT 212

City
INDIANAPOLIS

State
IN

Zip Code
46222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2021

Transaction ID : SA11AI-26422599

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, HENRY, , ,

Mailing Address 2950 KIRKBRIDE WAY
APT 212

City
INDIANAPOLIS

State
IN

Zip Code
46222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2021

Transaction ID : SA11AI-26424669

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, CAROLE, , ,

Mailing Address 2550 KENSINGTON GARDNES
UNIT 205

City
ELLICOTT CITY

State
MD

Zip Code
21043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2021

Transaction ID : SA11AI-26392775

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, CAROLE, , ,

Mailing Address 2550 KENSINGTON GARDNES
UNIT 205

City
ELLICOTT CITY

State
MD

Zip Code
21043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2021

Transaction ID : SA11AI-26405549

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JONES, CAROLE, , ,

Mailing Address 2550 KENSINGTON GARDNES
UNIT 205

City
ELLICOTT CITY

State
MD

Zip Code
21043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2021

Transaction ID : SA11AI-26417373

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, CAROLE, , ,

Mailing Address 2550 KENSINGTON GARDNES
UNIT 205

City
ELLICOTT CITY

State
MD

Zip Code
21043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2021

Transaction ID : SA11AI-26423395

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JORJORIAN, ELEANOR, , ,

Mailing Address 232 FAIRFAX DR

City
WARWICK

State
RI

Zip Code
02888

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2021

Transaction ID : SA11AI-26344603

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

105.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JORJORIAN, ELEANOR, , ,

Mailing Address 232 FAIRFAX DR

City
WARWICKState
RIZip Code
02888FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2021

Transaction ID : SA11AI-26397401

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JORJORIAN, ELEANOR, , ,

Mailing Address 232 FAIRFAX DR

City
WARWICKState
RIZip Code
02888FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2021

Transaction ID : SA11AI-26409975

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JORJORIAN, ELEANOR, , ,

Mailing Address 232 FAIRFAX DR

City
WARWICKState
RIZip Code
02888FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2021

Transaction ID : SA11AI-26410751

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JORJORIAN, ELEANOR, , ,

Mailing Address 232 FAIRFAX DR

City
WARWICK

State
RI

Zip Code
02888

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI-26415249

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JORJORIAN, ELEANOR, , ,

Mailing Address 232 FAIRFAX DR

City
WARWICK

State
RI

Zip Code
02888

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2021

Transaction ID : SA11AI-26415915

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JORJORIAN, ELEANOR, , ,

Mailing Address 232 FAIRFAX DR

City
WARWICK

State
RI

Zip Code
02888

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2021

Transaction ID : SA11AI-26420813

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JORJORIAN, ELEANOR, , ,

Mailing Address 232 FAIRFAX DR

City
WARWICK

State
RI

Zip Code
02888

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2021

Transaction ID : SA11AI-26424213

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JUDD, JUDY, , ,

Mailing Address 1241 ISLAND DR
APT 101

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26356133

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KARRISH, GEORGE, , ,

Mailing Address 1042 NEUMARK AVE

City

PLEASANTVILLE

State

NJ

Zip Code

08232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26365495

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KARRISH, GEORGE, , ,

Mailing Address 1042 NEUMARK AVE

City
PLEASANTVILLE

State
NJ

Zip Code
08232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26365725

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KARRISH, GEORGE, , ,

Mailing Address 1042 NEUMARK AVE

City
PLEASANTVILLE

State
NJ

Zip Code
08232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2021

Transaction ID : SA11AI-26370733

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KARRISH, GEORGE, , ,

Mailing Address 1042 NEUMARK AVE

City
PLEASANTVILLE

State
NJ

Zip Code
08232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2021

Transaction ID : SA11AI-26376735

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEENAN, WILLIAM, , ,

Mailing Address 5100 SHARON RD
UNIT 1201

City
CHARLOTTE

State
NC

Zip Code
28210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2021

Transaction ID : SA11AI-26391875

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KEENAN, WILLIAM, , ,

Mailing Address 5100 SHARON RD
UNIT 1201

City
CHARLOTTE

State
NC

Zip Code
28210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2021

Transaction ID : SA11AI-26412105

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KELLIHER, ANNE, , ,

Mailing Address 32 GRANT AVE

City
NORWOOD

State
MA

Zip Code
02062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26340813

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

260.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KELLIHER, ANNE, , ,

Mailing Address 32 GRANT AVE

City
NORWOOD

State
MA

Zip Code
02062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

08 / 18 / 2021

Transaction ID : SA11AI-26400219

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KELLIHER, ANNE, , ,

Mailing Address 32 GRANT AVE

City
NORWOOD

State
MA

Zip Code
02062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 16 / 2021

Transaction ID : SA11AI-26406361

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KELLIHER, ANNE, , ,

Mailing Address 32 GRANT AVE

City
NORWOOD

State
MA

Zip Code
02062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 22 / 2021

Transaction ID : SA11AI-26407619

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KELLIHER, ANNE, , ,

Mailing Address 32 GRANT AVE

City
NORWOOD

State
MA

Zip Code
02062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2021

Transaction ID : SA11AI-26368883

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KELLIHER, ANNE, , ,

Mailing Address 32 GRANT AVE

City
NORWOOD

State
MA

Zip Code
02062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : SA11AI-26423349

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KELLY, ROSALEEN, , ,

Mailing Address 54 HACIENDA CIR

City
ORINDA

State
CA

Zip Code
94563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2021

Transaction ID : SA11AI-26396327

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KELLY, ROSALEEN, , ,

Mailing Address 54 HACIENDA CIR

City
ORINDA

State
CA

Zip Code
94563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2021

Transaction ID : SA11AI-26408343

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KENT, PHILIP, , ,

Mailing Address 1601 W GILFORD RD

City
CARO

State
MI

Zip Code
48723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2021

Transaction ID : SA11AI-26399379

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KENT, PHILIP, , ,

Mailing Address 1601 W GILFORD RD

City
CARO

State
MI

Zip Code
48723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2021

Transaction ID : SA11AI-26404225

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KENT, PHILIP, , ,

Mailing Address 1601 W GILFORD RD

City
CAROState
MIZip Code
48723FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2021

Transaction ID : SA11AI-26424797

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KING, EARL, , ,

Mailing Address 20815 ADELINE DR

City
COLFAXState
CAZip Code
95713FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2021

Transaction ID : SA11AI-26399057

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KING, EARL, , ,

Mailing Address 20815 ADELINE DR

City
COLFAXState
CAZip Code
95713FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2021

Transaction ID : SA11AI-26403695

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KING, EARL, , ,

Mailing Address 20815 ADELINE DR

City
COLFAX

State
CA

Zip Code
95713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2021

Transaction ID : SA11AI-26415409

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KING, EARL, , ,

Mailing Address 20815 ADELINE DR

City
COLFAX

State
CA

Zip Code
95713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2021

Transaction ID : SA11AI-26418251

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOCHISS, JOHN, , ,

Mailing Address 88 EAGER RD

City
NORTH FRANKLIN

State
CT

Zip Code
06254

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26355931

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 112 OF 317
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOCHISS, JOHN, , ,

Mailing Address 88 EAGER RD

City
NORTH FRANKLINState
CTZip Code
06254FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 07 | | 2021 |

Transaction ID : SA11AI-26367351

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOCHISS, JOHN, , ,

Mailing Address 88 EAGER RD

City
NORTH FRANKLINState
CTZip Code
06254FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 21 | | 2021 |

Transaction ID : SA11AI-26370737

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOCHISS, JOHN, , ,

Mailing Address 88 EAGER RD

City
NORTH FRANKLINState
CTZip Code
06254FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 21 | | 2021 |

Transaction ID : SA11AI-26371215

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOCHISS, JOHN, , ,

Mailing Address 88 EAGER RD

City
NORTH FRANKLIN

State
CT

Zip Code
06254

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2021

Transaction ID : SA11AI-26385621

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KULE, NANCY, , ,

Mailing Address 74 FOX TRACE LN

City
HUDSON

State
OH

Zip Code
44236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2021

Transaction ID : SA11AI-26398109

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KULE, NANCY, , ,

Mailing Address 74 FOX TRACE LN

City
HUDSON

State
OH

Zip Code
44236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2021

Transaction ID : SA11AI-26415515

Amount of Each Receipt this Period

55.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

140.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KULE, NANCY, , ,

Mailing Address 74 FOX TRACE LN

City
HUDSONState
OHZip Code
44236FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2021

Transaction ID : SA11AI-26421691

Amount of Each Receipt this Period

140.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KULIK, MICHELE, , ,

Mailing Address 2101 BIRCH TRACE DR

City
AUSTINTOWNState
OHZip Code
44515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2021

Transaction ID : SA11AI-26396121

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KULIK, MICHELE, , ,

Mailing Address 2101 BIRCH TRACE DR

City
AUSTINTOWNState
OHZip Code
44515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2021

Transaction ID : SA11AI-26400385

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KULIK, MICHELE, , ,

Mailing Address 2101 BIRCH TRACE DR

City
AUSTINTOWN

State
OH

Zip Code
44515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2021

Transaction ID : SA11AI-26401761

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LABELLE, ROBERT, , ,

Mailing Address 182 W 126TH AVE

City
CROWN POINT

State
IN

Zip Code
46307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2021

Transaction ID : SA11AI-26407971

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LABELLE, ROBERT, , ,

Mailing Address 182 W 126TH AVE

City
CROWN POINT

State
IN

Zip Code
46307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2021

Transaction ID : SA11AI-26410279

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LABELLE, ROBERT, , ,

Mailing Address 182 W 126TH AVE

City
CROWN POINT

State
IN

Zip Code
46307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2021

Transaction ID : SA11AI-26422601

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LABELLE, ROBERT, , ,

Mailing Address 182 W 126TH AVE

City
CROWN POINT

State
IN

Zip Code
46307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2021

Transaction ID : SA11AI-26423777

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEBLANC, WADE, , ,

Mailing Address 4862 KEITHDALE LN

City
BLOOMFIELD TWP

State
MI

Zip Code
48302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2021

Transaction ID : SA11AI-26394487

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

140.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEBLANC, WADE, , ,

Mailing Address 4862 KEITHDALE LN

City
BLOOMFIELD TWP

State
MI

Zip Code
48302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26402213

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEBLANC, WADE, , ,

Mailing Address 4862 KEITHDALE LN

City
BLOOMFIELD TWP

State
MI

Zip Code
48302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2021

Transaction ID : SA11AI-26402523

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEE, JANE, , ,

Mailing Address 1640 CORTE DE MEDEA

City
SAN JOSE

State
CA

Zip Code
95124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2021

Transaction ID : SA11AI-26349139

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEE, JANE, , ,

Mailing Address 1640 CORTE DE MEDEA

City
SAN JOSE

State
CA

Zip Code
95124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26366027

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEE, LOIS, , ,

Mailing Address 4705 RANGER LN

City
CHATTANOOGA

State
TN

Zip Code
37416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26409271

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEE, JANE, , ,

Mailing Address 1640 CORTE DE MEDEA

City
SAN JOSE

State
CA

Zip Code
95124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2021

Transaction ID : SA11AI-26379893

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEE, LOIS, , ,

Mailing Address 4705 RANGER LN

City
CHATTANOOGA

State
TN

Zip Code
37416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 22 / 2021

Transaction ID : SA11AI-26418599

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEE, JANE, , ,

Mailing Address 1640 CORTE DE MEDEA

City
SAN JOSE

State
CA

Zip Code
95124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2021

Transaction ID : SA11AI-26387783

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEUBE, JENNIFER, , ,

Mailing Address 6 ORCHARDCREST DR

City
OROVILLE

State
CA

Zip Code
95965

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2021

Transaction ID : SA11AI-26397093

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

185.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 120 OF 317

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEUBE, JENNIFER, , ,

Mailing Address 6 ORCHARDCREST DR

City
OROVILLE

State
CA

Zip Code
95965

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2021

Transaction ID : SA11AI-26371469

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEUBE, JENNIFER, , ,

Mailing Address 6 ORCHARDCREST DR

City
OROVILLE

State
CA

Zip Code
95965

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2021

Transaction ID : SA11AI-26421503

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEWIS, LANA, , ,

Mailing Address 7801 JOYCE DR

City
SEBASTOPOL

State
CA

Zip Code
95472

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26391397

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEWIS, LANA, , ,

Mailing Address 7801 JOYCE DR

City
SEBASTOPOL

State
CA

Zip Code
95472

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2021

Transaction ID : SA11AI-26394535

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEWIS, ROY, , ,

Mailing Address 214 LAKEVIEW ST

City
MILFORD

State
KS

Zip Code
66514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2021

Transaction ID : SA11AI-26396907

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEWIS, ROY, , ,

Mailing Address 214 LAKEVIEW ST

City
MILFORD

State
KS

Zip Code
66514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2021

Transaction ID : SA11AI-26401703

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEWIS, ROY, , ,

Mailing Address 214 LAKEVIEW ST

City
MILFORDState
KSZip Code
66514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2021

Transaction ID : SA11AI-26407977

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEWIS, ROY, , ,

Mailing Address 214 LAKEVIEW ST

City
MILFORDState
KSZip Code
66514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2021

Transaction ID : SA11AI-26425427

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITTLE, GILBERT, , ,

Mailing Address 405 AVENIDA DR

City
HAUGHTONState
LAZip Code
71037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26340855

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

200.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LITTLE, GILBERT, , ,

Mailing Address 405 AVENIDA DR

City
HAUGHTON

State
LA

Zip Code
71037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2021

Transaction ID : SA11AI-26370351

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITTLE, GILBERT, , ,

Mailing Address 405 AVENIDA DR

City
HAUGHTON

State
LA

Zip Code
71037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI-26415139

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOPEZ, MARY LOU, , ,

Mailing Address 380 WALNUT LN

City
GILROY

State
CA

Zip Code
95020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2021

Transaction ID : SA11AI-26418085

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOPEZ, MARY LOU, , ,

Mailing Address 380 WALNUT LN

City
GILROYState
CAZip Code
95020FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2021

Transaction ID : SA11AI-26422129

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LYNCH, LOUISE, , ,

Mailing Address 2529 ZINFANDEL DR

City

RANCHO CORDOVA

State

CA

Zip Code

95670

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26391489

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LYNCH, LOUISE, , ,

Mailing Address 2529 ZINFANDEL DR

City

RANCHO CORDOVA

State

CA

Zip Code

95670

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2021

Transaction ID : SA11AI-26399365

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

160.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LYNCH, LOUISE, , ,

Mailing Address 2529 ZINFANDEL DR

City
RANCHO CORDOVA

State
CA

Zip Code
95670

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2021

Transaction ID : SA11AI-26409891

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MANUAL, SHIRLEY, , ,

Mailing Address 916 SANTIAGO AVE

City
LONG BEACH

State
CA

Zip Code
90804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2021

Transaction ID : SA11AI-26395321

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANUAL, SHIRLEY, , ,

Mailing Address 916 SANTIAGO AVE

City
LONG BEACH

State
CA

Zip Code
90804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2021

Transaction ID : SA11AI-26417895

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MATSUTANI, WENDY, , ,

Mailing Address 609 W SIERRA MADRE BLVD
APT 8

City State Zip Code
SIERRA MADRE CA 91024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2021

Transaction ID : SA11AI-26402567

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MATSUTANI, WENDY, , ,

Mailing Address 609 W SIERRA MADRE BLVD
APT 8

City State Zip Code
SIERRA MADRE CA 91024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2021

Transaction ID : SA11AI-26412071

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MATSUTANI, WENDY, , ,

Mailing Address 609 W SIERRA MADRE BLVD
APT 8

City State Zip Code
SIERRA MADRE CA 91024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2021

Transaction ID : SA11AI-26416175

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
(check only one)

PAGE 127 OF 317

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MATSUTANI, WENDY, , ,

Mailing Address 609 W SIERRA MADRE BLVD
APT 8

City
SIERRA MADRE

State
CA

Zip Code
91024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2021

Transaction ID : SA11AI-26420321

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MATSUTANI, WENDY, , ,

Mailing Address 609 W SIERRA MADRE BLVD
APT 8

City

SIERRA MADRE

State

CA

Zip Code

91024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2021

Transaction ID : SA11AI-26423821

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCARTHY, ROBERT, , ,

Mailing Address 4 TAMARACK RD

City

NATICK

State

MA

Zip Code

01760

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26341347

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 128 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCARTHY, ROBERT, , ,

Mailing Address 4 TAMARACK RD

City
NATICK

State
MA

Zip Code
01760

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2021

Transaction ID : SA11AI-26347151

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCARTHY, ROBERT, , ,

Mailing Address 4 TAMARACK RD

City
NATICK

State
MA

Zip Code
01760

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2021

Transaction ID : SA11AI-26351133

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCARTHY, ROBERT, , ,

Mailing Address 4 TAMARACK RD

City
NATICK

State
MA

Zip Code
01760

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2021

Transaction ID : SA11AI-26377401

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 129 OF 317

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCARTHY, ROBERT, , ,

Mailing Address 4 TAMARACK RD

City
NATICK

State
MA

Zip Code
01760

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2021

Transaction ID : SA11AI-26384851

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCNAIRY, BOBBIE, , ,

Mailing Address 2 GALESVILLE CT

City

GAITHERSBURG

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2021

Transaction ID : SA11AI-26403445

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCNAIRY, BOBBIE, , ,

Mailing Address 2 GALESVILLE CT

City

GAITHERSBURG

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2021

Transaction ID : SA11AI-26417401

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCNAIRY, BOBBIE, , ,

Mailing Address 2 GALESVILLE CT

City
GAITHERSBURG

State
MD

Zip Code
20878

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2021

Transaction ID : SA11AI-26422595

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCNAIRY, BOBBIE, , ,

Mailing Address 2 GALESVILLE CT

City
GAITHERSBURG

State
MD

Zip Code
20878

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2021

Transaction ID : SA11AI-26422739

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MELVILLE, TERESA, , ,

Mailing Address 1564 N KING ST
APT 1C

City
HAMPTON

State
VA

Zip Code
23669

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2021

Transaction ID : SA11AI-26343935

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

220.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MELVILLE, TERESA, , ,

Mailing Address 1564 N KING ST
APT 1C

City
HAMPTON

State
VA

Zip Code
23669

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI-26409435

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLER, JOAN, , ,

Mailing Address 119 PUESTA DEL SOL

City

LOS GATOS

State

CA

Zip Code

95032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2021

Transaction ID : SA11AI-26393763

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, JOAN, , ,

Mailing Address 119 PUESTA DEL SOL

City

LOS GATOS

State

CA

Zip Code

95032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2021

Transaction ID : SA11AI-26421899

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

210.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 132 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLS, NORMA, , ,

Mailing Address 2725 S NELLIS BLVD
UNIT 2004

City
LAS VEGAS

State
NV

Zip Code
89121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI-26393581

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLS, NORMA, , ,

Mailing Address 2725 S NELLIS BLVD
UNIT 2004

City
LAS VEGAS

State
NV

Zip Code
89121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2021

Transaction ID : SA11AI-26406351

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLS, LANYCE, , ,

Mailing Address 1845 QUAIL DR

City
SAN LUIS OBISPO

State
CA

Zip Code
93405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2021

Transaction ID : SA11AI-26408125

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLS, NORMA, , ,

Mailing Address 2725 S NELLIS BLVD
UNIT 2004

City
LAS VEGAS

State
NV

Zip Code
89121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2021

Transaction ID : SA11AI-26414297

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLS, NORMA, , ,

Mailing Address 2725 S NELLIS BLVD
UNIT 2004

City
LAS VEGAS

State
NV

Zip Code
89121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2021

Transaction ID : SA11AI-26420809

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLS, NORMA, , ,

Mailing Address 2725 S NELLIS BLVD
UNIT 2004

City
LAS VEGAS

State
NV

Zip Code
89121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2021

Transaction ID : SA11AI-26424421

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOORE, BRADLEY, , ,

Mailing Address 25 DIVISION ST
APT 1City
SOMERVILLEState
NJZip Code
08876FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2021

Transaction ID : SA11AI-26391573

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOORE, BRADLEY, , ,

Mailing Address 25 DIVISION ST
APT 1City
SOMERVILLEState
NJZip Code
08876FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2021

Transaction ID : SA11AI-26393201

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOORE, DAVID, , ,

Mailing Address 17 GORDON AVE
APT 17City
NEWMARKETState
NHZip Code
03857FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2021

Transaction ID : SA11AI-26352559

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOORE, BRADLEY, , ,

Mailing Address 25 DIVISION ST
APT 1City
SOMERVILLEState
NJZip Code
08876FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2021

Transaction ID : SA11AI-26407585

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOORE, BRADLEY, , ,

Mailing Address 25 DIVISION ST
APT 1City
SOMERVILLEState
NJZip Code
08876FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2021

Transaction ID : SA11AI-26408905

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOORE, DAVID, , ,

Mailing Address 17 GORDON AVE
APT 17City
NEWMARKETState
NHZip Code
03857FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26365579

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOORE, BRADLEY, , ,

Mailing Address 25 DIVISION ST
APT 1

City
SOMERVILLE

State
NJ

Zip Code
08876

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2021

Transaction ID : SA11AI-26410463

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOORE, DAVID, , ,

Mailing Address 17 GORDON AVE
APT 17

City

NEWMARKET

State

NH

Zip Code

03857

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2021

Transaction ID : SA11AI-26371725

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOORE, BRADLEY, , ,

Mailing Address 25 DIVISION ST
APT 1

City

SOMERVILLE

State

NJ

Zip Code

08876

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2021

Transaction ID : SA11AI-26414621

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOORE, DAVID, , ,

Mailing Address 17 GORDON AVE
 APT 17

City
 NEWMARKET

State
 NH

Zip Code
 03857

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 18 / 2021

Transaction ID : SA11AI-26379903

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOORE, BRADLEY, , ,

Mailing Address 25 DIVISION ST
 APT 1

City

SOMERVILLE

State

NJ

Zip Code

08876

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 22 / 2021

Transaction ID : SA11AI-26424571

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MYERS, STEPHEN, , ,

Mailing Address 12413 LICK RUN RD

City

NEWCOMERSTOWN

State

OH

Zip Code

43832

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2021

Transaction ID : SA11AI-26409535

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

135.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MYERS, STEPHEN, , ,

Mailing Address 12413 LICK RUN RD

City
NEWCOMERSTOWN

State
OH

Zip Code
43832

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2021

Transaction ID : SA11AI-26412709

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MYERS, STEPHEN, , ,

Mailing Address 12413 LICK RUN RD

City
NEWCOMERSTOWN

State
OH

Zip Code
43832

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2021

Transaction ID : SA11AI-26416831

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MYERS, STEPHEN, , ,

Mailing Address 12413 LICK RUN RD

City
NEWCOMERSTOWN

State
OH

Zip Code
43832

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2021

Transaction ID : SA11AI-26417125

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NATHAN, BARBARA, , ,

Mailing Address 350 DEMOTT LN
APT 202

City
SOMERSET

State
NJ

Zip Code
08873

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2021

Transaction ID : SA11AI-26346111

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NATHAN, BARBARA, , ,

Mailing Address 350 DEMOTT LN
APT 202

City
SOMERSET

State
NJ

Zip Code
08873

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2021

Transaction ID : SA11AI-26388921

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEWTON, GEORGE, , ,

Mailing Address 42 BLACKBERRY LN

City
WEST DOVER

State
VT

Zip Code
05356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2021

Transaction ID : SA11AI-26387101

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

385.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NGUYEN, THUY, , ,

Mailing Address 8325 W SAHARA AVE
APT 2072

City
LAS VEGAS

State
NV

Zip Code
89117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26366755

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NGUYEN, THANH THUY, , ,

Mailing Address 3823 RAINIER AVE S

City
SEATTLE

State
WA

Zip Code
98118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2021

Transaction ID : SA11AI-26369921

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OAS, RICHARD, , ,

Mailing Address 106 10TH ST NE
APT 124

City
AUBURN

State
WA

Zip Code
98002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2021

Transaction ID : SA11AI-26390021

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OCONNOR, JUDITH, , ,

Mailing Address 3321

STEEPLE HL

City

SAINT CHARLES

State

MO

Zip Code

63301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 23 / 2021

Transaction ID : SA11AI-26395603

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OCONNOR, JUDITH, , ,

Mailing Address 3321

STEEPLE HL

City

SAINT CHARLES

State

MO

Zip Code

63301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 06 / 2021

Transaction ID : SA11AI-26397869

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OCONNOR, JUDITH, , ,

Mailing Address 3321

STEEPLE HL

City

SAINT CHARLES

State

MO

Zip Code

63301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 13 / 2021

Transaction ID : SA11AI-26399361

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OCONNOR, JUDITH, , ,

Mailing Address 3321

STEEPLE HL

City

SAINT CHARLES

State

MO

Zip Code

63301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2021

Transaction ID : SA11AI-26406075

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OCONNOR, JUDITH, , ,

Mailing Address 3321

STEEPLE HL

City

SAINT CHARLES

State

MO

Zip Code

63301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2021

Transaction ID : SA11AI-26413951

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OLIVER, PAUL, , ,

Mailing Address 71192 DUNDEE ST

City

ABITA SPRINGS

State

LA

Zip Code

70420

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2021

Transaction ID : SA11AI-26404733

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 143 OF 317
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OLIVER, PAUL, , ,

Mailing Address 71192 DUNDEE ST

City
ABITA SPRINGSState
LAZip Code
70420FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 03 | / | 2021 |

Transaction ID : SA11AI-26415473

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OLIVER, PAUL, , ,

Mailing Address 71192 DUNDEE ST

City
ABITA SPRINGSState
LAZip Code
70420FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 05 | / | 2021 |

Transaction ID : SA11AI-26415893

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OLIVER, PAUL, , ,

Mailing Address 71192 DUNDEE ST

City
ABITA SPRINGSState
LAZip Code
70420FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 12 | / | 2021 |

Transaction ID : SA11AI-26417257

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

65.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 144 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PANNABECKER, BETTY, , ,

Mailing Address 16623 N WEST POINT PKWY
APT 227

City
SURPRISE

State
AZ

Zip Code
85374

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2021

Transaction ID : SA11AI-26393169

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PANNABECKER, BETTY, , ,

Mailing Address 16623 N WEST POINT PKWY
APT 227

City
SURPRISE

State
AZ

Zip Code
85374

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2021

Transaction ID : SA11AI-26395055

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PANNABECKER, BETTY, , ,

Mailing Address 16623 N WEST POINT PKWY
APT 227

City
SURPRISE

State
AZ

Zip Code
85374

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2021

Transaction ID : SA11AI-26395099

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 145 OF 317

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PATRIARCA, ANTHONY, , ,

Mailing Address 6 8TH AVE

City
SEASIDE HEIGHTS

State
NJ

Zip Code
08751

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2021

Transaction ID : SA11AI-26374293

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PATRIARCA, ANTHONY, , ,

Mailing Address 6 8TH AVE

City
SEASIDE HEIGHTS

State
NJ

Zip Code
08751

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2021

Transaction ID : SA11AI-26381701

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PATTON, LOWELL, , ,

Mailing Address 7855 BOULEVARD E
APT 9I

City
NORTH BERGEN

State
NJ

Zip Code
07047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2021

Transaction ID : SA11AI-26373865

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PATTON, LOWELL, , ,

Mailing Address 7855 BOULEVARD E
APT 9I

City
NORTH BERGEN

State
NJ

Zip Code
07047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2021

Transaction ID : SA11AI-26375883

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PATTON, LOWELL, , ,

Mailing Address 7855 BOULEVARD E
APT 9I

City
NORTH BERGEN

State
NJ

Zip Code
07047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2021

Transaction ID : SA11AI-26420501

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PEERS, MICHAEL, , ,

Mailing Address 100 SETTLERS ROW N

City
PONTE VEDRA BEACH

State
FL

Zip Code
32082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2021

Transaction ID : SA11AI-26421117

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

620.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PEERS, MICHAEL, , ,

Mailing Address 100 SETTLERS ROW N

City
PONTE VEDRA BEACH

State
FL

Zip Code
32082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2021

Transaction ID : SA11AI-26422317

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PHILLIPS, BETTY, , ,

Mailing Address 108 N 8TH AVE

City
MAYODAN

State
NC

Zip Code
27027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2021

Transaction ID : SA11AI-26343253

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PHILLIPS, BETTY, , ,

Mailing Address 108 N 8TH AVE

City
MAYODAN

State
NC

Zip Code
27027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2021

Transaction ID : SA11AI-26343809

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

95.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PHILLIPS, BETTY, , ,

Mailing Address 108 N 8TH AVE

City
MAYODAN

State
NC

Zip Code
27027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2021

Transaction ID : SA11AI-26349995

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PHILLIPS, BETTY, , ,

Mailing Address 108 N 8TH AVE

City
MAYODAN

State
NC

Zip Code
27027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26355967

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PHILLIPS, BETTY, , ,

Mailing Address 108 N 8TH AVE

City
MAYODAN

State
NC

Zip Code
27027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2021

Transaction ID : SA11AI-26422479

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

235.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PHILLIPS, BETTY, , ,

Mailing Address 108 N 8TH AVE

City
MAYODANState
NCZip Code
27027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2021

Transaction ID : SA11AI-26388659

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POTTS, WILLIAM, , ,

Mailing Address 1550 E RIVER RD
APT 234City
TUCSONState
AZZip Code
85718FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2021

Transaction ID : SA11AI-26394115

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POTTS, WILLIAM, , ,

Mailing Address 1550 E RIVER RD
APT 234City
TUCSONState
AZZip Code
85718FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2021

Transaction ID : SA11AI-26400573

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

90.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POTTS, WILLIAM, , ,

Mailing Address 1550 E RIVER RD
APT 234

City
TUCSON

State
AZ

Zip Code
85718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26409263

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POTTS, WILLIAM, , ,

Mailing Address 1550 E RIVER RD
APT 234

City
TUCSON

State
AZ

Zip Code
85718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2021

Transaction ID : SA11AI-26411031

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POTTS, WILLIAM, , ,

Mailing Address 1550 E RIVER RD
APT 234

City
TUCSON

State
AZ

Zip Code
85718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2021

Transaction ID : SA11AI-26413845

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 151 OF 317

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POWERS, DENNIS, , ,

Mailing Address 5420 W INTERURBAN BLVD

City
BOTHELL

State
WA

Zip Code
98012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2021

Transaction ID : SA11AI-26415253

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POWERS, DENNIS, , ,

Mailing Address 5420 W INTERURBAN BLVD

City
BOTHELL

State
WA

Zip Code
98012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2021

Transaction ID : SA11AI-26379897

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REDMAN, MARY, , ,

Mailing Address 867 S HANSON DR

City
WATSEKA

State
IL

Zip Code
60970

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2021

Transaction ID : SA11AI-26401013

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REDMAN, MARY, , ,

Mailing Address 867 S HANSON DR

City
WATSEKA

State
IL

Zip Code
60970

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2021

Transaction ID : SA11AI-26404501

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REVERE, HENRY, , ,

Mailing Address 43 RED WING LN

City
WARSAW

State
VA

Zip Code
22572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2021

Transaction ID : SA11AI-26395323

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REVERE, HENRY, , ,

Mailing Address 43 RED WING LN

City
WARSAW

State
VA

Zip Code
22572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2021

Transaction ID : SA11AI-26416103

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

260.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REVERE, HENRY, , ,

Mailing Address 43 RED WING LN

City
WARSAW

State
VA

Zip Code
22572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2021

Transaction ID : SA11AI-26417453

Amount of Each Receipt this Period

110.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RICE, CAROL, , ,

Mailing Address 9 CHESTER ST

City

WORCESTER

State

MA

Zip Code

01605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2021

Transaction ID : SA11AI-26403899

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICE, CAROL, , ,

Mailing Address 9 CHESTER ST

City

WORCESTER

State

MA

Zip Code

01605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2021

Transaction ID : SA11AI-26412857

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RICE, CAROL, , ,

Mailing Address 9 CHESTER ST

City
WORCESTER

State
MA

Zip Code
01605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2021

Transaction ID : SA11AI-26414743

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RICE, CAROL, , ,

Mailing Address 9 CHESTER ST

City
WORCESTER

State
MA

Zip Code
01605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2021

Transaction ID : SA11AI-26421511

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICE, CAROL, , ,

Mailing Address 9 CHESTER ST

City
WORCESTER

State
MA

Zip Code
01605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2021

Transaction ID : SA11AI-26424295

Amount of Each Receipt this Period

105.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 155 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RICE, CAROL, , ,

Mailing Address 9 CHESTER ST

City
WORCESTER

State
MA

Zip Code
01605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2021

Transaction ID : SA11AI-26425087

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RICE, CAROL, , ,

Mailing Address 9 CHESTER ST

City
WORCESTER

State
MA

Zip Code
01605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2021

Transaction ID : SA11AI-26425093

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROESCH, WILLIAM, , ,

Mailing Address 11 NORTHWAY CT

City
ANDERSON

State
IN

Zip Code
46011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2021

Transaction ID : SA11AI-26395067

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROESCH, WILLIAM, , ,

Mailing Address 11 NORTHWAY CT

City
ANDERSON

State
IN

Zip Code
46011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2021

Transaction ID : SA11AI-26422727

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROGERS, EUGENIA, , ,

Mailing Address 12339 TIGER CREEK LN

City
JACKSONVILLE

State
FL

Zip Code
32225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26357523

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROGERS, EUGENIA, , ,

Mailing Address 12339 TIGER CREEK LN

City
JACKSONVILLE

State
FL

Zip Code
32225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2021

Transaction ID : SA11AI-26359577

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 157 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROGERS, EUGENIA, , ,

Mailing Address 12339 TIGER CREEK LN

City
JACKSONVILLE

State
FL

Zip Code
32225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2021

Transaction ID : SA11AI-26364317

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROGERS, EUGENIA, , ,

Mailing Address 12339 TIGER CREEK LN

City
JACKSONVILLE

State
FL

Zip Code
32225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2021

Transaction ID : SA11AI-26368989

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSE, GERALD, , ,

Mailing Address 792 SALEM ST

City
GROVELAND

State
MA

Zip Code
01834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2021

Transaction ID : SA11AI-26399487

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 158 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSE, GERALD, , ,

Mailing Address 792 SALEM ST

City
GROVELAND

State
MA

Zip Code
01834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2021

Transaction ID : SA11AI-26417911

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSE, GERALD, , ,

Mailing Address 792 SALEM ST

City
GROVELAND

State
MA

Zip Code
01834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2021

Transaction ID : SA11AI-26418365

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSE, GERALD, , ,

Mailing Address 792 SALEM ST

City
GROVELAND

State
MA

Zip Code
01834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : SA11AI-26423223

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 159 OF 317

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSS, THURMAN, , ,

Mailing Address 3710 CATALPA ST

City
EAST CHICAGO

State
IN

Zip Code
46312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26391383

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSS, THURMAN, , ,

Mailing Address 3710 CATALPA ST

City
EAST CHICAGO

State
IN

Zip Code
46312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2021

Transaction ID : SA11AI-26412047

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSS, THURMAN, , ,

Mailing Address 3710 CATALPA ST

City
EAST CHICAGO

State
IN

Zip Code
46312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2021

Transaction ID : SA11AI-26416493

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSS, THURMAN, , ,

Mailing Address 3710 CATALPA ST

City
EAST CHICAGO

State
IN

Zip Code
46312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2021

Transaction ID : SA11AI-26425013

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSS, THURMAN, , ,

Mailing Address 3710 CATALPA ST

City
EAST CHICAGO

State
IN

Zip Code
46312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2021

Transaction ID : SA11AI-26425085

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSS, THURMAN, , ,

Mailing Address 3710 CATALPA ST

City
EAST CHICAGO

State
IN

Zip Code
46312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2021

Transaction ID : SA11AI-26425115

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

140.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 161 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUST, JOSEPH, , ,

Mailing Address 1614 GOLF COURSE RD
APT 245

City
GRAND RAPIDS

State
MN

Zip Code
55744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2021

Transaction ID : SA11AI-26392897

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUST, JOSEPH, , ,

Mailing Address 1614 GOLF COURSE RD
APT 245

City
GRAND RAPIDS

State
MN

Zip Code
55744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2021

Transaction ID : SA11AI-26406855

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUST, JOSEPH, , ,

Mailing Address 1614 GOLF COURSE RD
APT 245

City
GRAND RAPIDS

State
MN

Zip Code
55744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2021

Transaction ID : SA11AI-26407293

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUST, JOSEPH, , ,

Mailing Address 1614 GOLF COURSE RD
APT 245

City
GRAND RAPIDS

State
MN

Zip Code
55744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2021

Transaction ID : SA11AI-26407969

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUST, JOSEPH, , ,

Mailing Address 1614 GOLF COURSE RD
APT 245

City
GRAND RAPIDS

State
MN

Zip Code
55744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2021

Transaction ID : SA11AI-26415523

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUST, JOSEPH, , ,

Mailing Address 1614 GOLF COURSE RD
APT 245

City
GRAND RAPIDS

State
MN

Zip Code
55744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

Transaction ID : SA11AI-26423377

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 OF 317
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SABATO, STEPHEN, , ,

Mailing Address 1400 HIGH ST

City
BURLINGTON

State
NJ

Zip Code
08016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2021

Transaction ID : SA11AI-26359501

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SABATO, STEPHEN, , ,

Mailing Address 1400 HIGH ST

City
BURLINGTON

State
NJ

Zip Code
08016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2021

Transaction ID : SA11AI-26364155

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SABATO, STEPHEN, , ,

Mailing Address 1400 HIGH ST

City
BURLINGTON

State
NJ

Zip Code
08016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26366265

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

PAGE 164 OF 317

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SABATO, STEPHEN, , ,

Mailing Address 1400 HIGH ST

City
BURLINGTON

State
NJ

Zip Code
08016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2021

Transaction ID : SA11AI-26373277

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SABATO, STEPHEN, , ,

Mailing Address 1400 HIGH ST

City
BURLINGTON

State
NJ

Zip Code
08016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2021

Transaction ID : SA11AI-26375983

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SABATO, STEPHEN, , ,

Mailing Address 1400 HIGH ST

City
BURLINGTON

State
NJ

Zip Code
08016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2021

Transaction ID : SA11AI-26376047

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 317
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANCHEZ, SERGIO, , ,

Mailing Address 1494 N 9TH ST

City
COLTON

State
CA

Zip Code
92324

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2021

Transaction ID : SA11AI-26396839

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHARF, RICHARD, , ,

Mailing Address 3521 E VINEYARD DR N

City

PAHRUMP

State

NV

Zip Code

89048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26391493

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHARF, RICHARD, , ,

Mailing Address 3521 E VINEYARD DR N

City

PAHRUMP

State

NV

Zip Code

89048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2021

Transaction ID : SA11AI-26398651

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHARF, RICHARD, , ,

Mailing Address 3521 E VINEYARD DR N

City
PAHRUMP

State
NV

Zip Code
89048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2021

Transaction ID : SA11AI-26400223

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHARF, RICHARD, , ,

Mailing Address 3521 E VINEYARD DR N

City
PAHRUMP

State
NV

Zip Code
89048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2021

Transaction ID : SA11AI-26368213

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHARF, RICHARD, , ,

Mailing Address 3521 E VINEYARD DR N

City
PAHRUMP

State
NV

Zip Code
89048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2021

Transaction ID : SA11AI-26415401

Amount of Each Receipt this Period

70.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHARF, RICHARD, , ,

Mailing Address 3521 E VINEYARD DR N

City
PAHRUMP

State
NV

Zip Code
89048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2021

Transaction ID : SA11AI-26417385

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHARF, RICHARD, , ,

Mailing Address 3521 E VINEYARD DR N

City
PAHRUMP

State
NV

Zip Code
89048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2021

Transaction ID : SA11AI-26417717

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHAUFFERT, KATHLEEN, , ,

Mailing Address 519 WINSTON CT

City
BENICIA

State
CA

Zip Code
94510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26341285

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHAUFFERT, KATHLEEN, , ,

Mailing Address 519 WINSTON CT

City
BENICIA

State
CA

Zip Code
94510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26357115

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHAUFFERT, KATHLEEN, , ,

Mailing Address 519 WINSTON CT

City
BENICIA

State
CA

Zip Code
94510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2021

Transaction ID : SA11AI-26360873

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHAUFFERT, KATHLEEN, , ,

Mailing Address 519 WINSTON CT

City
BENICIA

State
CA

Zip Code
94510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2021

Transaction ID : SA11AI-26369613

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHAUFFERT, KATHLEEN, , ,

Mailing Address 519 WINSTON CT

City
BENICIAState
CAZip Code
94510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2021

Transaction ID : SA11AI-26383237

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHAUFFERT, KATHLEEN, , ,

Mailing Address 519 WINSTON CT

City
BENICIAState
CAZip Code
94510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2021

Transaction ID : SA11AI-26386963

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHLEIN, PHILIP, , ,

Mailing Address 1661 PINE ST
APT 723City
SAN FRANCISCOState
CAZip Code
94109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 05 / 2021

Transaction ID : SA11AI-26351439

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 170 OF 317
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHLEIN, PHILIP, , ,Mailing Address 1661 PINE ST
APT 723City
SAN FRANCISCOState
CAZip Code
94109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 09 | / | 2021 |

Transaction ID : SA11AI-26360421

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHLEIN, PHILIP, , ,Mailing Address 1661 PINE ST
APT 723City
SAN FRANCISCOState
CAZip Code
94109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2021 |

Transaction ID : SA11AI-26363435

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SELBERG, ROBERT, , ,

Mailing Address PO BOX 5404

City
PALM SPRINGSState
CAZip Code
92263FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 29 | / | 2021 |

Transaction ID : SA11AI-26396723

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

175.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHEA, EDWARD, , ,

Mailing Address 81 LIBERTY RD
APT 59

City
OAKDALE

State
CT

Zip Code
06370

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2021

Transaction ID : SA11AI-26349081

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHEA, EDWARD, , ,

Mailing Address 81 LIBERTY RD
APT 59

City
OAKDALE

State
CT

Zip Code
06370

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2021

Transaction ID : SA11AI-26357967

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEA, EDWARD, , ,

Mailing Address 81 LIBERTY RD
APT 59

City
OAKDALE

State
CT

Zip Code
06370

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2021

Transaction ID : SA11AI-26358265

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHEA, EDWARD, , ,

Mailing Address 81 LIBERTY RD
APT 59

City
OAKDALE

State
CT

Zip Code
06370

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2021

Transaction ID : SA11AI-26358683

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, MARY, , ,

Mailing Address 1285 TURNER CHURCH RD

City

MCDONOUGH

State

GA

Zip Code

30252

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2021

Transaction ID : SA11AI-26345831

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, MARY, , ,

Mailing Address 1285 TURNER CHURCH RD

City

MCDONOUGH

State

GA

Zip Code

30252

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2021

Transaction ID : SA11AI-26348853

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

65.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, MATTHEW, , ,

Mailing Address 11 MOONACHIE RD
APT B12

City
HACKENSACK

State
NJ

Zip Code
07601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2021

Transaction ID : SA11AI-26413459

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, MARY, , ,

Mailing Address 1285 TURNER CHURCH RD

City

MCDONOUGH

State

GA

Zip Code

30252

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2021

Transaction ID : SA11AI-26413873

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, MATTHEW, , ,

Mailing Address 11 MOONACHIE RD
APT B12

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2021

Transaction ID : SA11AI-26415359

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 174 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, MARY, , ,

Mailing Address 1285 TURNER CHURCH RD

City
MCDONOUGHState
GAZip Code
30252FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2021

Transaction ID : SA11AI-26376819

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, MATTHEW, , ,

Mailing Address 11 MOONACHIE RD
APT B12City
HACKENSACKState
NJZip Code
07601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2021

Transaction ID : SA11AI-26421961

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, MATTHEW, , ,

Mailing Address 11 MOONACHIE RD
APT B12City
HACKENSACKState
NJZip Code
07601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2021

Transaction ID : SA11AI-26423029

Amount of Each Receipt this Period

110.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

220.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, MARY, , ,

Mailing Address 1285 TURNER CHURCH RD

City
MCDONOUGHState
GAZip Code
30252FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 23 / 2021

Transaction ID : SA11AI-26387429

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, MATTHEW, , ,

Mailing Address 11 MOONACHIE RD
APT B12City
HACKENSACKState
NJZip Code
07601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 30 / 2021

Transaction ID : SA11AI-26388925

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRATIGOS, PATRICIA, , ,

Mailing Address 937 E PARK AVE
APT 225City
COLUMBIANAState
OHZip Code
44408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 01 / 2021

Transaction ID : SA11AI-26391261

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

170.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 OF 317

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRATIGOS, PATRICIA, , ,

Mailing Address 937 E PARK AVE
APT 225

City
COLUMBIANA

State
OH

Zip Code
44408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 22 | / | 2021 |

Transaction ID : SA11AI-26346815

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRATIGOS, PATRICIA, , ,

Mailing Address 937 E PARK AVE
APT 225

City
COLUMBIANA

State
OH

Zip Code
44408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 12 | / | 2021 |

Transaction ID : SA11AI-26405437

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRATIGOS, PATRICIA, , ,

Mailing Address 937 E PARK AVE
APT 225

City
COLUMBIANA

State
OH

Zip Code
44408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

445.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2021 |

Transaction ID : SA11AI-26407859

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

105.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRATIGOS, PATRICIA, , ,

Mailing Address 937 E PARK AVE
APT 225

City
COLUMBIANA

State
OH

Zip Code
44408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26366167

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRATIGOS, PATRICIA, , ,

Mailing Address 937 E PARK AVE
APT 225

City
COLUMBIANA

State
OH

Zip Code
44408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2021

Transaction ID : SA11AI-26415889

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRATIGOS, PATRICIA, , ,

Mailing Address 937 E PARK AVE
APT 225

City
COLUMBIANA

State
OH

Zip Code
44408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2021

Transaction ID : SA11AI-26425293

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

270.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SUNDSTROM, MAE, , ,

Mailing Address 20 W CHESTNUT AVE
APT 409

City
MERCHANTVILLE

State
NJ

Zip Code
08109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2021

Transaction ID : SA11AI-26394583

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUNDSTROM, MAE, , ,

Mailing Address 20 W CHESTNUT AVE
APT 409

City
MERCHANTVILLE

State
NJ

Zip Code
08109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26402065

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUNDSTROM, MAE, , ,

Mailing Address 20 W CHESTNUT AVE
APT 409

City
MERCHANTVILLE

State
NJ

Zip Code
08109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2021

Transaction ID : SA11AI-26402627

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SUNDSTROM, MAE, , ,

Mailing Address 20 W CHESTNUT AVE
APT 409

City
MERCHANTVILLE

State
NJ

Zip Code
08109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2021

Transaction ID : SA11AI-26405641

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUNDSTROM, MAE, , ,

Mailing Address 20 W CHESTNUT AVE
APT 409

City
MERCHANTVILLE

State
NJ

Zip Code
08109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2021

Transaction ID : SA11AI-26423467

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUNDSTROM, MAE, , ,

Mailing Address 20 W CHESTNUT AVE
APT 409

City
MERCHANTVILLE

State
NJ

Zip Code
08109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2021

Transaction ID : SA11AI-26425819

Amount of Each Receipt this Period

65.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

140.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TABOR, STEPHEN, , ,

Mailing Address 4301 FORDER GARDENS PL
APT G

City
SAINT LOUIS

State
MO

Zip Code
63129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2021

Transaction ID : SA11AI-26398787

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TABOR, STEPHEN, , ,

Mailing Address 4301 FORDER GARDENS PL
APT G

City
SAINT LOUIS

State
MO

Zip Code
63129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2021

Transaction ID : SA11AI-26404237

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TABOR, STEPHEN, , ,

Mailing Address 4301 FORDER GARDENS PL
APT G

City
SAINT LOUIS

State
MO

Zip Code
63129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2021

Transaction ID : SA11AI-26409581

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

185.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAORMINO, PATRICIA, , ,

Mailing Address 2825 VIA CARMEN

City
SAN JOSE

State
CA

Zip Code
95124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts

Occupation (for Individual)
Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2021

Transaction ID : SA11AI-26346323

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMAS, DALE, , ,

Mailing Address 1854 BARTON ST

City
REDWOOD CITY

State
CA

Zip Code
94061

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2021

Transaction ID : SA11AI-26397259

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMPSON, HOWARD, , ,

Mailing Address 1413 VILLAGE DR
APT 9

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI-26393521

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

370.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMPSON, HOWARD, , ,

Mailing Address 1413 VILLAGE DR
APT 9

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2021

Transaction ID : SA11AI-26396367

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMPSON, HOWARD, , ,

Mailing Address 1413 VILLAGE DR
APT 9

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2021

Transaction ID : SA11AI-26401725

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMPSON, HOWARD, , ,

Mailing Address 1413 VILLAGE DR
APT 9

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2021

Transaction ID : SA11AI-26411203

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMPSON, HOWARD, , ,

Mailing Address 1413 VILLAGE DR
APT 9

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2021

Transaction ID : SA11AI-26411973

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMPSON, HOWARD, , ,

Mailing Address 1413 VILLAGE DR
APT 9

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2021

Transaction ID : SA11AI-26413983

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMPSON, HOWARD, , ,

Mailing Address 1413 VILLAGE DR
APT 9

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2021

Transaction ID : SA11AI-26414129

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMPSON, HOWARD, , ,

Mailing Address 1413 VILLAGE DR
APT 9

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2021

Transaction ID : SA11AI-26417389

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMPSON, HOWARD, , ,

Mailing Address 1413 VILLAGE DR
APT 9

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2021

Transaction ID : SA11AI-26419829

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMPSON, HOWARD, , ,

Mailing Address 1413 VILLAGE DR
APT 9

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2021

Transaction ID : SA11AI-26422065

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 185 OF 317

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMPSON, HOWARD, , ,

Mailing Address 1413 VILLAGE DR
APT 9

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2021

Transaction ID : SA11AI-26423775

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOREN, PAUL, , ,

Mailing Address 40 IRVING AVE
APT 906

City
EAST PROVIDENCE

State
RI

Zip Code
02914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2021

Transaction ID : SA11AI-26398063

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOREN, PAUL, , ,

Mailing Address 40 IRVING AVE
APT 906

City
EAST PROVIDENCE

State
RI

Zip Code
02914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2021

Transaction ID : SA11AI-26398159

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOREN, PAUL, , ,

Mailing Address 40 IRVING AVE
APT 906

City
EAST PROVIDENCE

State
RI

Zip Code
02914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2021

Transaction ID : SA11AI-26405749

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOREN, PAUL, , ,

Mailing Address 40 IRVING AVE
APT 906

City
EAST PROVIDENCE

State
RI

Zip Code
02914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2021

Transaction ID : SA11AI-26416617

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOREN, PAUL, , ,

Mailing Address 40 IRVING AVE
APT 906

City
EAST PROVIDENCE

State
RI

Zip Code
02914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2021

Transaction ID : SA11AI-26417405

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOREN, PAUL, , ,

Mailing Address 40 IRVING AVE
APT 906

City
EAST PROVIDENCE

State
RI

Zip Code
02914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2021

Transaction ID : SA11AI-26420259

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOREN, PAUL, , ,

Mailing Address 40 IRVING AVE
APT 906

City
EAST PROVIDENCE

State
RI

Zip Code
02914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2021

Transaction ID : SA11AI-26425571

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRIMBUR, NANCY, , ,

Mailing Address 3556 SPUR CT

City
CHINO

State
CA

Zip Code
91710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2021

Transaction ID : SA11AI-26399225

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 188 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRIMBUR, NANCY, , ,

Mailing Address 3556 SPUR CT

City
CHINO

State
CA

Zip Code
91710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2021

Transaction ID : SA11AI-26404379

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRIMBUR, NANCY, , ,

Mailing Address 3556 SPUR CT

City
CHINO

State
CA

Zip Code
91710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2021

Transaction ID : SA11AI-26423773

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRIMBUR, NANCY, , ,

Mailing Address 3556 SPUR CT

City
CHINO

State
CA

Zip Code
91710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2021

Transaction ID : SA11AI-26423931

Amount of Each Receipt this Period

55.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 189 OF 317

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRIMBUR, NANCY, , ,

Mailing Address 3556 SPUR CT

City
CHINO

State
CA

Zip Code
91710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2021

Transaction ID : SA11AI-26425565

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TURNER, EUGENE, , ,

Mailing Address 201 CHANDLER ST
APT 803

City

CAPE CANAVERAL

State

FL

Zip Code

32920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2021

Transaction ID : SA11AI-26397967

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TURNER, RAE, , ,

Mailing Address 6702 S 33RD ST

City

OMAHA

State

NE

Zip Code

68107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2021

Transaction ID : SA11AI-26399839

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TURNER, EUGENE, , ,

Mailing Address 201 CHANDLER ST
APT 803

City
CAPE CANAVERAL

State
FL

Zip Code
32920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2021

Transaction ID : SA11AI-26404071

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TURNER, RAE, , ,

Mailing Address 6702 S 33RD ST

City

OMAHA

State

NE

Zip Code

68107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2021

Transaction ID : SA11AI-26410123

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TURNER, EUGENE, , ,

Mailing Address 201 CHANDLER ST
APT 803

City

CAPE CANAVERAL

State

FL

Zip Code

32920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2021

Transaction ID : SA11AI-26416037

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TURNER, EUGENE, , ,

Mailing Address 201 CHANDLER ST
APT 803

City
CAPE CANAVERAL

State
FL

Zip Code
32920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2021

Transaction ID : SA11AI-26417129

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TURNER, EUGENE, , ,

Mailing Address 201 CHANDLER ST
APT 803

City
CAPE CANAVERAL

State
FL

Zip Code
32920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2021

Transaction ID : SA11AI-26424279

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TYHURST, JAMES, , ,

Mailing Address PO BOX 1056

City
MCCLOUD

State
CA

Zip Code
96057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 02 / 2021

Transaction ID : SA11AI-26403541

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TYHURST, JAMES, , ,

Mailing Address PO BOX 1056

City
MCCLLOUD

State
CA

Zip Code
96057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2021

Transaction ID : SA11AI-26410819

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TYHURST, JAMES, , ,

Mailing Address PO BOX 1056

City
MCCLLOUD

State
CA

Zip Code
96057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2021

Transaction ID : SA11AI-26410863

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TYHURST, JAMES, , ,

Mailing Address PO BOX 1056

City
MCCLLOUD

State
CA

Zip Code
96057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2021

Transaction ID : SA11AI-26420887

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TYLER, PAULA, , ,

Mailing Address 1 SMETON PL
APT 1407

City
TOWSON

State
MD

Zip Code
21204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2021

Transaction ID : SA11AI-26346105

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TYLER, PAULA, , ,

Mailing Address 1 SMETON PL
APT 1407

City
TOWSON

State
MD

Zip Code
21204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2021

Transaction ID : SA11AI-26362439

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. UTENDORFER, JUDY, , ,

Mailing Address 7220 YORK AVE S
APT 217

City
MINNEAPOLIS

State
MN

Zip Code
55435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2021

Transaction ID : SA11AI-26403785

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

235.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. UTENDORFER, JUDY, , ,

Mailing Address 7220 YORK AVE S
APT 217

City
MINNEAPOLIS

State
MN

Zip Code
55435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2021

Transaction ID : SA11AI-26407877

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UTENDORFER, JUDY, , ,

Mailing Address 7220 YORK AVE S
APT 217

City
MINNEAPOLIS

State
MN

Zip Code
55435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2021

Transaction ID : SA11AI-26409665

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VOELKEL, BARB, , ,

Mailing Address 4172 SANDGATE CT

City
CINCINNATI

State
OH

Zip Code
45241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2021

Transaction ID : SA11AI-26341351

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VOELKEL, BARB, , ,

Mailing Address 4172 SANDGATE CT

City
CINCINNATI

State
OH

Zip Code
45241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2021

Transaction ID : SA11AI-26370591

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VOELKEL, BARB, , ,

Mailing Address 4172 SANDGATE CT

City
CINCINNATI

State
OH

Zip Code
45241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2021

Transaction ID : SA11AI-26379941

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VOELKEL, BARB, , ,

Mailing Address 4172 SANDGATE CT

City
CINCINNATI

State
OH

Zip Code
45241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2021

Transaction ID : SA11AI-26380615

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARD, RONALD, , ,

Mailing Address 1316 FENWICK LN
APT 1204

City
SILVER SPRING

State
MD

Zip Code
20910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2021

Transaction ID : SA11AI-26393277

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WARD, BRANAN, , ,

Mailing Address 581 GRIFFITH POINT RD

City

NORDLAND

State

WA

Zip Code

98358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2021

Transaction ID : SA11AI-26398337

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WARD, RONALD, , ,

Mailing Address 1316 FENWICK LN
APT 1204

City

SILVER SPRING

State

MD

Zip Code

20910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2021

Transaction ID : SA11AI-26401305

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARD, RONALD, , ,

Mailing Address 1316 FENWICK LN
APT 1204

City
SILVER SPRING

State
MD

Zip Code
20910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2021

Transaction ID : SA11AI-26408131

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WARD, BRANAN, , ,

Mailing Address 581 GRIFFITH POINT RD

City

NORDLAND

State

WA

Zip Code

98358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2021

Transaction ID : SA11AI-26413187

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WARD, BRANAN, , ,

Mailing Address 581 GRIFFITH POINT RD

City

NORDLAND

State

WA

Zip Code

98358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2021

Transaction ID : SA11AI-26417375

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 OF 317

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARD, BRANAN, , ,

Mailing Address 581 GRIFFITH POINT RD

City
NORDLAND

State
WA

Zip Code
98358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2021

Transaction ID : SA11AI-26418453

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WARD, RONALD, , ,

Mailing Address 1316 FENWICK LN
APT 1204

City
SILVER SPRING

State
MD

Zip Code
20910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2021

Transaction ID : SA11AI-26424875

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WARD, RONALD, , ,

Mailing Address 1316 FENWICK LN
APT 1204

City
SILVER SPRING

State
MD

Zip Code
20910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2021

Transaction ID : SA11AI-26425509

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARD, RONALD, , ,

Mailing Address 1316 FENWICK LN
APT 1204

City
SILVER SPRING

State
MD

Zip Code
20910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2021

Transaction ID : SA11AI-26426369

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEAVER, JOSEPH, , ,

Mailing Address 5022 SKIPPING STONE DR

City
INDIANAPOLIS

State
IN

Zip Code
46237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2021

Transaction ID : SA11AI-26391599

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEAVER, JOSEPH, , ,

Mailing Address 5022 SKIPPING STONE DR

City
INDIANAPOLIS

State
IN

Zip Code
46237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2021

Transaction ID : SA11AI-26395471

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

65.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEAVER, JOSEPH, , ,

Mailing Address 5022 SKIPPING STONE DR

City
INDIANAPOLIS

State
IN

Zip Code
46237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2021

Transaction ID : SA11AI-26408217

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEAVER, JOSEPH, , ,

Mailing Address 5022 SKIPPING STONE DR

City
INDIANAPOLIS

State
IN

Zip Code
46237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2021

Transaction ID : SA11AI-26414927

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEAVER, JOSEPH, , ,

Mailing Address 5022 SKIPPING STONE DR

City
INDIANAPOLIS

State
IN

Zip Code
46237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2021

Transaction ID : SA11AI-26416313

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEAVER, JOSEPH, , ,

Mailing Address 5022 SKIPPING STONE DR

City
INDIANAPOLIS

State
IN

Zip Code
46237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2021

Transaction ID : SA11AI-26424563

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WENDT, JUDY, , ,

Mailing Address 10400 45TH AVE N
APT 305

City
MINNEAPOLIS

State
MN

Zip Code
55442

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2021

Transaction ID : SA11AI-26393663

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WENDT, JUDY, , ,

Mailing Address 10400 45TH AVE N
APT 305

City
MINNEAPOLIS

State
MN

Zip Code
55442

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 11 / 2021

Transaction ID : SA11AI-26399001

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 202 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WENDT, JUDY, , ,

Mailing Address 10400 45TH AVE N
APT 305

City
MINNEAPOLIS

State
MN

Zip Code
55442

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 12 / 2021

Transaction ID : SA11AI-26399163

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WENDT, JUDY, , ,

Mailing Address 10400 45TH AVE N
APT 305

City
MINNEAPOLIS

State
MN

Zip Code
55442

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2021

Transaction ID : SA11AI-26399801

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WENDT, JUDY, , ,

Mailing Address 10400 45TH AVE N
APT 305

City
MINNEAPOLIS

State
MN

Zip Code
55442

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2021

Transaction ID : SA11AI-26400847

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITAKER, DONALD, , ,

Mailing Address 1597 HARMONY RD

City
AKRON

State
OH

Zip Code
44333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26356301

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITAKER, DONALD, , ,

Mailing Address 1597 HARMONY RD

City
AKRON

State
OH

Zip Code
44333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2021

Transaction ID : SA11AI-26357481

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITAKER, DONALD, , ,

Mailing Address 1597 HARMONY RD

City
AKRON

State
OH

Zip Code
44333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26365727

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITAKER, DONALD, , ,

Mailing Address 1597 HARMONY RD

City
AKRON

State
OH

Zip Code
44333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI-26366309

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITAKER, DONALD, , ,

Mailing Address 1597 HARMONY RD

City
AKRON

State
OH

Zip Code
44333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2021

Transaction ID : SA11AI-26382039

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITAKER, DONALD, , ,

Mailing Address 1597 HARMONY RD

City
AKRON

State
OH

Zip Code
44333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2021

Transaction ID : SA11AI-26382407

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITCOMB, HALLIE, , ,

Mailing Address 607 HIGHLAND RD

City
SPRINGFIELD

State
VT

Zip Code
05156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2021

Transaction ID : SA11AI-26393451

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITCOMB, HALLIE, , ,

Mailing Address 607 HIGHLAND RD

City
SPRINGFIELD

State
VT

Zip Code
05156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2021

Transaction ID : SA11AI-26411711

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITCOMB, HALLIE, , ,

Mailing Address 607 HIGHLAND RD

City
SPRINGFIELD

State
VT

Zip Code
05156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2021

Transaction ID : SA11AI-26422991

Amount of Each Receipt this Period

55.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILEY, DAVID, , ,

Mailing Address 109 CLARENDON AVE

City
NASHVILLEState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2021

Transaction ID : SA11AI-26414365

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILEY, DAVID, , ,

Mailing Address 109 CLARENDON AVE

City
NASHVILLEState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

WILEY BROTHERS INK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2021

Transaction ID : SA11AI-26415809

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILEY, DAVID, , ,

Mailing Address 109 CLARENDON AVE

City
NASHVILLEState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2021

Transaction ID : SA11AI-26415989

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 207 OF 317
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLIAMS, RUSSELL, , ,

Mailing Address 661 HAMILTON RD

City
RUTHERFORDTON

State
NC

Zip Code
28139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 19 / 2021

Transaction ID : SA11AI-26354203

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLIAMS, RUSSELL, , ,

Mailing Address 661 HAMILTON RD

City
RUTHERFORDTON

State
NC

Zip Code
28139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 02 / 2021

Transaction ID : SA11AI-26358877

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLIAMS, RUSSELL, , ,

Mailing Address 661 HAMILTON RD

City
RUTHERFORDTON

State
NC

Zip Code
28139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

11 / 04 / 2021

Transaction ID : SA11AI-26375175

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 208 OF 317

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLIAMS, RUSSELL, , ,

Mailing Address 661 HAMILTON RD

City
RUTHERFORDTON

State
NC

Zip Code
28139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2021

Transaction ID : SA11AI-26383343

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLIAMS, RUSSELL, , ,

Mailing Address 661 HAMILTON RD

City
RUTHERFORDTON

State
NC

Zip Code
28139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2021

Transaction ID : SA11AI-26383637

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLIAMS, JAMES, , ,

Mailing Address 4639 VESTA CT

City
WICHITA

State
KS

Zip Code
67208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2021

Transaction ID : SA11AI-26424535

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 317
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINN, LINDA, , ,

Mailing Address 5708 REGENT CIR

City
RICHMOND

State
VA

Zip Code
23225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2021

Transaction ID : SA11AI-26418931

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINN, LINDA, , ,

Mailing Address 5708 REGENT CIR

City
RICHMOND

State
VA

Zip Code
23225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2021

Transaction ID : SA11AI-26420059

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOOLF, GAYLE, , ,

Mailing Address 330 GILL AVE

City
KIRKWOOD

State
MO

Zip Code
63122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2021

Transaction ID : SA11AI-26391645

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOOLF, GAYLE, , ,

Mailing Address 330 GILL AVE

City
KIRKWOOD

State
MO

Zip Code
63122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2021

Transaction ID : SA11AI-26397827

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOOLF, GAYLE, , ,

Mailing Address 330 GILL AVE

City
KIRKWOOD

State
MO

Zip Code
63122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2021

Transaction ID : SA11AI-26402351

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOOLF, GAYLE, , ,

Mailing Address 330 GILL AVE

City
KIRKWOOD

State
MO

Zip Code
63122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2021

Transaction ID : SA11AI-26409661

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 211 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOOLF, GAYLE, , ,

Mailing Address 330 GILL AVE

City

KIRKWOOD

State

MO

Zip Code

63122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 12 / 2021

Transaction ID : SA11AI-26417099

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOOLF, GAYLE, , ,

Mailing Address 330 GILL AVE

City

KIRKWOOD

State

MO

Zip Code

63122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2021

Transaction ID : SA11AI-26417995

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YEARWOOD, RICHARD, , ,

Mailing Address 21 BROWNING AVE
APT 2

City

DORCHESTER

State

MA

Zip Code

02124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2021

Transaction ID : SA11AI-26396589

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YEARWOOD, RICHARD, , ,

Mailing Address 21 BROWNING AVE
 APT 2

City
 DORCHESTER

State
 MA

Zip Code
 02124

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 22 / 2021

Transaction ID : SA11AI-26413547

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YEARWOOD, RICHARD, , ,

Mailing Address 21 BROWNING AVE
 APT 2

City
 DORCHESTER

State
 MA

Zip Code
 02124

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 16 / 2021

Transaction ID : SA11AI-26417757

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YOUNG, JEAN, , ,

Mailing Address 840 SCHOOL RD

City
 MCKINLEYVILLE

State
 CA

Zip Code
 95519

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 26 / 2021

Transaction ID : SA11AI-26395871

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

95.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZARNEKE, RICHARD, , ,

Mailing Address 2084 TERRACE DR

City
MOUNDS VIEW

State
MN

Zip Code
55112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2021

Transaction ID : SA11AI-26395031

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZARNEKE, RICHARD, , ,

Mailing Address 2084 TERRACE DR

City
MOUNDS VIEW

State
MN

Zip Code
55112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2021

Transaction ID : SA11AI-26395875

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZARNEKE, RICHARD, , ,

Mailing Address 2084 TERRACE DR

City
MOUNDS VIEW

State
MN

Zip Code
55112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2021

Transaction ID : SA11AI-26406561

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZARNEKE, RICHARD, , ,

Mailing Address 2084 TERRACE DR

City
MOUNDS VIEW

State
MN

Zip Code
55112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2021

Transaction ID : SA11AI-26407465

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZARNEKE, RICHARD, , ,

Mailing Address 2084 TERRACE DR

City
MOUNDS VIEW

State
MN

Zip Code
55112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2021

Transaction ID : SA11AI-26408477

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZARNEKE, RICHARD, , ,

Mailing Address 2084 TERRACE DR

City
MOUNDS VIEW

State
MN

Zip Code
55112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2021

Transaction ID : SA11AI-26413871

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 OF 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZARNEKE, RICHARD, , ,

Mailing Address 2084 TERRACE DR

City
MOUNDS VIEW

State
MN

Zip Code
55112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 27 / 2021

Transaction ID : SA11AI-26414291

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZARNEKE, RICHARD, , ,

Mailing Address 2084 TERRACE DR

City
MOUNDS VIEW

State
MN

Zip Code
55112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 16 / 2021

Transaction ID : SA11AI-26417753

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZARNEKE, RICHARD, , ,

Mailing Address 2084 TERRACE DR

City
MOUNDS VIEW

State
MN

Zip Code
55112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2021

Transaction ID : SA11AI-26423687

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

33476.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 216 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Mastroianni, Stephanie, , ,

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 6 | | | 2 | 0 | 2 | 1 | | |

Mailing Address 2021 L St NW Ste 101-193

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Wages

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54735

Amount of Each Disbursement this Period

1516.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mastroianni, Stephanie, , ,

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 6 | | | 2 | 0 | 2 | 1 | | |

Mailing Address 2021 L St NW Ste 101-193

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Wages

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54735

Amount of Each Disbursement this Period

212.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mastroianni, Stephanie, , ,

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 6 | | | 2 | 0 | 2 | 1 | | |

Mailing Address 2021 L St NW Ste 101-193

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Wages

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54735

Amount of Each Disbursement this Period

1516.67

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3245.78

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 217 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Mastroianni, Stephanie, , ,

Mailing Address 2021 L St NW Ste 101-193

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Wages

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 6 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54736

Amount of Each Disbursement this Period

212.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mastroianni, Stephanie, , ,

Mailing Address 2021 L St NW Ste 101-193

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Repayment of startup advances See MEMO Schedule B

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54730

Amount of Each Disbursement this Period

13000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ABC Company

Mailing Address PO Box 2413

City
HuntingtonState
NYZip Code
11743Purpose of Disbursement
Fundraising and Media Consulting

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54731

Amount of Each Disbursement this Period

6000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19212.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 218 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. ABC Company

Mailing Address PO Box 2413

City
HuntingtonState
NYZip Code
11743Purpose of Disbursement
Fundraising and Media Consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-66807

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ABC Company

Mailing Address PO Box 2413

City
HuntingtonState
NYZip Code
11743Purpose of Disbursement
Fundraising and Media Consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-66807

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ABC Company

Mailing Address PO Box 2413

City
HuntingtonState
NYZip Code
11743Purpose of Disbursement
Fundraising and Media Consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54731

Amount of Each Disbursement this Period

6000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 219 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. ABC Company

Mailing Address PO Box 2413

City
HuntingtonState
NYZip Code
11743Purpose of Disbursement
Fundraising and Media Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 0 | 1 | 2 | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54730

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Blank Rome LLP

Mailing Address 1825 Eye Street NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Legal Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 3 | 0 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54728

Amount of Each Disbursement this Period

486.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Blank Rome LLP

Mailing Address 1825 Eye Street NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Legal Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 2 | 0 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54728

Amount of Each Disbursement this Period

486.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6972.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 220 OF 317

| | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Blank Rome LLP

Mailing Address 1825 Eye Street NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Legal

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-39251

Amount of Each Disbursement this Period

2000.00

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-07-29

Full Name (Last, First, Middle Initial)

B. Blank Rome LLP

Mailing Address 1825 Eye Street NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Legal

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-34441

Amount of Each Disbursement this Period

4435.00

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-10-01

Full Name (Last, First, Middle Initial)

C. Blank Rome LLP

Mailing Address 1825 Eye Street NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Legal

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-3444:

Amount of Each Disbursement this Period

2829.50

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-11-10**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 221 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Blank Rome LLP

Mailing Address 1825 Eye Street NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Legal Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 19 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54728

Amount of Each Disbursement this Period

2812.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CanvaMailing Address 268 Devonshire Street Surry Hills
NSW 2010City
AustraliaState
ZZZip Code
02010Purpose of Disbursement
Graphics/Images

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 09 | | | | 01 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-39251

Amount of Each Disbursement this Period

119.40

☒ Memo ItemINVOICE BEING REIMBURSED.
Orig invoice date: 2020-11-27

Full Name (Last, First, Middle Initial)

C. COA Network Inc.Mailing Address 991 Route 22 West
Suite 200City
Bridgewater TownshipState
NJZip Code
08807Purpose of Disbursement
800 Telephone numbers

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 07 | | | | 23 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54731

Amount of Each Disbursement this Period

134.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2946.70

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 222 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. COA Network Inc.Mailing Address 991 Route 22 West
Suite 200City
Bridgewater TownshipState
NJZip Code
08807Purpose of Disbursement
800 Telephone numbers

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 2 | 3 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54731

Amount of Each Disbursement this Period

134.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COA Network Inc.Mailing Address 991 Route 22 West
Suite 200City
Bridgewater TownshipState
NJZip Code
08807Purpose of Disbursement
800 Telephone numbers

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 3 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54731

Amount of Each Disbursement this Period

129.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COA Network Inc.Mailing Address 991 Route 22 West
Suite 200City
Bridgewater TownshipState
NJZip Code
08807Purpose of Disbursement
800 Telephone numbers

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 2 | 5 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54731

Amount of Each Disbursement this Period

137.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

401.85

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 223 OF 317

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. COA Network Inc.

Mailing Address 991 Route 22 West
Suite 200

City
Bridgewater Township

State
NJ

Zip Code
08807

Purpose of Disbursement
800 Telephone numbers

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 23 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54731

Amount of Each Disbursement this Period

130.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COA Network Inc.

Mailing Address 991 Route 22 West
Suite 200

City
Bridgewater Township

State
NJ

Zip Code
08807

Purpose of Disbursement
800 Telephone numbers

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 23 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54731

Amount of Each Disbursement this Period

130.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CSF Corporation

Mailing Address 285 Davidson Avenue

City
Somerset

State
NJ

Zip Code
08873

Purpose of Disbursement
800 Telephone numbers

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 01 / 2021

FEC Identification Number

C

Transaction ID : SB21B-3444

Amount of Each Disbursement this Period

109.90

☒ Memo Item

INVOICE BEING REIMBURSED.
Orig invoice date: '2020-11-23'

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

261.40

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 224 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. CSF Corporation

Mailing Address 285 Davidson Avenue

City
SomersetState
NJZip Code
08873Purpose of Disbursement
800 Telephone numbers

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
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| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-34441

Amount of Each Disbursement this Period

109.90

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-11-23

Full Name (Last, First, Middle Initial)

B. EagleBank

Mailing Address 7815 Woodmont ave

City
BethesdaState
MDZip Code
20814Purpose of Disbursement
Bank analysis fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 3 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54732

Amount of Each Disbursement this Period

664.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EagleBank

Mailing Address 7815 Woodmont ave

City
BethesdaState
MDZip Code
20814Purpose of Disbursement
Bank analysis fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 0 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54732

Amount of Each Disbursement this Period

675.43

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1339.86

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 225 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. EagleBank

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 14 | | 2021 |

Mailing Address 7815 Woodmont ave

City
BethesdaState
MDZip Code
20814Purpose of Disbursement
Bank analysis fee

001

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B-54732

Amount of Each Disbursement this Period

557.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EagleBank

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 13 | | 2021 |

Mailing Address 7815 Woodmont ave

City
BethesdaState
MDZip Code
20814Purpose of Disbursement
Bank analysis fee

001

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B-54732

Amount of Each Disbursement this Period

741.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EagleBank

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 10 | | 2021 |

Mailing Address 7815 Woodmont ave

City
BethesdaState
MDZip Code
20814Purpose of Disbursement
Bank analysis fee

001

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B-54732

Amount of Each Disbursement this Period

626.94

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1925.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 226 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. EagleBank

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 13 | | 2021 |

Mailing Address 7815 Woodmont ave

City
BethesdaState
MDZip Code
20814Purpose of Disbursement
Bank analysis fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B-54733

Amount of Each Disbursement this Period

635.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Google Gsuite

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 02 | | 2021 |

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Email Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B-54733

Amount of Each Disbursement this Period

39.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Google Gsuite

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2021 |

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Email Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B-54733

Amount of Each Disbursement this Period

39.11

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

714.15

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 227 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Email Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-39252

Amount of Each Disbursement this Period

2.52

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-08-01

Full Name (Last, First, Middle Initial)

B. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Email Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-34447

Amount of Each Disbursement this Period

26.07

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-10-02

Full Name (Last, First, Middle Initial)

C. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Email Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-34447

Amount of Each Disbursement this Period

26.07

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-11-01**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 228 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Email Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-39252

Amount of Each Disbursement this Period

26.07

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-12-02

Full Name (Last, First, Middle Initial)

B. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Email Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 2 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54733

Amount of Each Disbursement this Period

39.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Email Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 0 | 4 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54733

Amount of Each Disbursement this Period

39.11

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

78.22

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 229 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Email Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 | | 0 | 2 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54734

Amount of Each Disbursement this Period

39.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Email Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 3 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54734

Amount of Each Disbursement this Period

39.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Grasshopper

Mailing Address 320 Summer St

City
BostonState
MAZip Code
02210Purpose of Disbursement
Telephone Service

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 9 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54734

Amount of Each Disbursement this Period

110.39

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

188.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 230 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Grasshopper

Mailing Address 320 Summer St

City
BostonState
MAZip Code
02210Purpose of Disbursement
Telephone Service

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 18 | | 2021 |

FEC Identification Number

C

Transaction ID : SB21B-54734

Amount of Each Disbursement this Period

110.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Grasshopper

Mailing Address 320 Summer St

City
BostonState
MAZip Code
02210Purpose of Disbursement
Telephone Service

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 01 | | 2021 |

FEC Identification Number

C

Transaction ID : SB21B-39252

Amount of Each Disbursement this Period

59.13

☒ Memo ItemINVOICE BEING REIMBURSED.
Orig invoice date: 2020-07-16

Full Name (Last, First, Middle Initial)

C. Grasshopper

Mailing Address 320 Summer St

City
BostonState
MAZip Code
02210Purpose of Disbursement
Telephone Service

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 01 | | 2021 |

FEC Identification Number

C

Transaction ID : SB21B-3444

Amount of Each Disbursement this Period

120.83

☒ Memo ItemINVOICE BEING REIMBURSED.
Orig invoice date: 2020-10-17**SUBTOTAL** of Disbursements This Page (optional)..... ►

110.39

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 231 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Grasshopper

Mailing Address 320 Summer St

City
BostonState
MAZip Code
02210Purpose of Disbursement
Telephone Service

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-34441

Amount of Each Disbursement this Period

108.76

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-11-17

Full Name (Last, First, Middle Initial)

B. Grasshopper

Mailing Address 320 Summer St

City
BostonState
MAZip Code
02210Purpose of Disbursement
Telephone Service

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 0 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54734

Amount of Each Disbursement this Period

110.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Grasshopper

Mailing Address 320 Summer St

City
BostonState
MAZip Code
02210Purpose of Disbursement
Telephone Service

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 8 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54734

Amount of Each Disbursement this Period

109.49

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

219.88

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 232 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Grasshopper

Mailing Address 320 Summer St

City
BostonState
MAZip Code
02210Purpose of Disbursement
Telephone Service

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 | | 1 | 8 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54735

Amount of Each Disbursement this Period

109.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Grasshopper

Mailing Address 320 Summer St

City
BostonState
MAZip Code
02210Purpose of Disbursement
Telephone Service

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 2 | 0 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54735

Amount of Each Disbursement this Period

109.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GREENSPOON MARDER LLP

Mailing Address 100 W Cypress Creek Rd #700

City
Fort LauderdaleState
FLZip Code
33309Purpose of Disbursement
Attorney

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 3 | 0 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54725

Amount of Each Disbursement this Period

4028.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4246.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 233 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. GREENSPOON MARDER LLP

Mailing Address 100 W Cypress Creek Rd #700

City
Fort LauderdaleState
FLZip Code
33309Purpose of Disbursement
Attorney

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 2 | 0 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54729

Amount of Each Disbursement this Period

1082.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GREENSPOON MARDER LLP

Mailing Address 100 W Cypress Creek Rd #700

City
Fort LauderdaleState
FLZip Code
33309Purpose of Disbursement
Attorney

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 2 | 0 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54729

Amount of Each Disbursement this Period

157.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GREENSPOON MARDER LLP

Mailing Address 100 W Cypress Creek Rd #700

City
Fort LauderdaleState
FLZip Code
33309Purpose of Disbursement
Attorney

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 8 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54729

Amount of Each Disbursement this Period

1626.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2866.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 234 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. GREENSPOON MARDER LLP

Mailing Address 100 W Cypress Creek Rd #700

City
Fort LauderdaleState
FLZip Code
33309Purpose of Disbursement
Attorney

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 08 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54729

Amount of Each Disbursement this Period

903.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Accounting Software

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 07 | | | | 06 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54736

Amount of Each Disbursement this Period

45.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Accounting Software

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 08 | | | | 04 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54736

Amount of Each Disbursement this Period

90.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1038.15

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 235 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Intuit Inc.

Mailing Address 2700 Coast Ave

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Accounting Software

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 7 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54736

Amount of Each Disbursement this Period

90.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Accounting Software

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 0 | 4 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54737

Amount of Each Disbursement this Period

90.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Accounting Software

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | | 0 | 4 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54737

Amount of Each Disbursement this Period

90.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

270.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 236 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Intuit Inc.

Mailing Address 2700 Coast Ave

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Accounting Software

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 06 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54737

Amount of Each Disbursement this Period

100.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLCMailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 07 | | | | 02 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54737

Amount of Each Disbursement this Period

30218.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLCMailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 07 | | | | 08 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54737

Amount of Each Disbursement this Period

30107.86

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60427.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 237 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 6 | | | 2 | 0 | 2 | 1 | | |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B-54738

Amount of Each Disbursement this Period

30763.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 3 | | | 2 | 0 | 2 | 1 | | |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B-54738

Amount of Each Disbursement this Period

33031.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 3 | 0 | | | 2 | 0 | 2 | 1 | | |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B-54738

Amount of Each Disbursement this Period

31773.69

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95569.27

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 238 OF 317

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. LIVE TRANSFERS AND DONOR CREATION LLC

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City
SAN JUAN

State
PR

Zip Code
00909

Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 09 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54738

Amount of Each Disbursement this Period

30769.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLC

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City
SAN JUAN

State
PR

Zip Code
00909

Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 11 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54738

Amount of Each Disbursement this Period

31110.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City
SAN JUAN

State
PR

Zip Code
00909

Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 20 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54738

Amount of Each Disbursement this Period

32146.73

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

94027.54

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 239 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 25 | | 2021 |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B-54739

Amount of Each Disbursement this Period

32074.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 09 | | 2021 |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B-54739

Amount of Each Disbursement this Period

33926.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 09 | | 2021 |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B-54739

Amount of Each Disbursement this Period

32249.29

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

98250.40

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 240 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 16 | | 2021 |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54739

Amount of Each Disbursement this Period

34369.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 30 | | 2021 |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54740

Amount of Each Disbursement this Period

36873.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 30 | | 2021 |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54741

Amount of Each Disbursement this Period

34841.16

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

106084.77

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 241 OF 317

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. LIVE TRANSFERS AND DONOR CREATION LLC

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City
SAN JUAN

State
PR

Zip Code
00909

Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 06 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54740

Amount of Each Disbursement this Period

27180.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLC

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City
SAN JUAN

State
PR

Zip Code
00909

Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 18 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54740

Amount of Each Disbursement this Period

26138.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City
SAN JUAN

State
PR

Zip Code
00909

Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 21 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54741

Amount of Each Disbursement this Period

26152.52

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

79471.19

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 242 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 11 | | 02 | | 2021 |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54741

Amount of Each Disbursement this Period

24038.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 11 | | 10 | | 2021 |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54741

Amount of Each Disbursement this Period

19415.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 11 | | 10 | | 2021 |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54741

Amount of Each Disbursement this Period

2019.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

45473.18

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 243 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 10 | | 2021 |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54742

Amount of Each Disbursement this Period

19415.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 03 | | 2021 |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54742

Amount of Each Disbursement this Period

31948.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 08 | | 2021 |

Mailing Address 1607 Ponce de Leon ave
Suite GM8City
SAN JUANState
PRZip Code
00909Purpose of Disbursement
Telephone fundraising

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54742

Amount of Each Disbursement this Period

18295.76

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

69659.16

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 244 OF 317

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. LIVE TRANSFERS AND DONOR CREATION LLC

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City
SAN JUAN

State
PR

Zip Code
00909

Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 16 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54743

Amount of Each Disbursement this Period

18094.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLC

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City
SAN JUAN

State
PR

Zip Code
00909

Purpose of Disbursement
Telephone fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54743

Amount of Each Disbursement this Period

41893.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailchimp

Mailing Address 675 Ponce De Leon Ave NE #5000

City
Atlanta

State
GA

Zip Code
30308

Purpose of Disbursement
Email Campaign

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 01 / 2021

FEC Identification Number

C

Transaction ID : SB21B-3444

Amount of Each Disbursement this Period

37.09

☒ Memo Item

INVOICE BEING REIMBURSED.
Orig invoice date: 2020-10-17

SUBTOTAL of Disbursements This Page (optional)..... ▶

59987.20

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 245 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Mailchimp

Mailing Address 675 Ponce De Leon Ave NE #5000

City
AtlantaState
GAZip Code
30308Purpose of Disbursement
Email Campaign

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-34447

Amount of Each Disbursement this Period

37.09

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-11-17

Full Name (Last, First, Middle Initial)

B. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City
ScottsdaleState
AZZip Code
85250Purpose of Disbursement
Phone/Dialer Software

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-39254

Amount of Each Disbursement this Period

33.56

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-07-19

Full Name (Last, First, Middle Initial)

C. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City
ScottsdaleState
AZZip Code
85250Purpose of Disbursement
Telephone Service

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-34447

Amount of Each Disbursement this Period

33.59

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-10-19

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 246 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City
ScottsdaleState
AZZip Code
85250Purpose of Disbursement
Telephone Service

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-34447

Amount of Each Disbursement this Period

33.59

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-11-19

Full Name (Last, First, Middle Initial)

B. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City
ScottsdaleState
AZZip Code
85250Purpose of Disbursement
Telephone Service

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-47837

Amount of Each Disbursement this Period

33.94

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2021-01-19

Full Name (Last, First, Middle Initial)

C. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City
ScottsdaleState
AZZip Code
85250Purpose of Disbursement
Telephone Service

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-47837

Amount of Each Disbursement this Period

33.94

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2021-02-19**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 247 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City
ScottsdaleState
AZZip Code
85250Purpose of Disbursement
Telephone Service

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-47838

Amount of Each Disbursement this Period

33.94

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2021-03-19

Full Name (Last, First, Middle Initial)

B. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City
ScottsdaleState
AZZip Code
85250Purpose of Disbursement
Telephone Service

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-47838

Amount of Each Disbursement this Period

34.05

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2021-04-19

Full Name (Last, First, Middle Initial)

C. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City
ScottsdaleState
AZZip Code
85250Purpose of Disbursement
Telephone Service

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-47838

Amount of Each Disbursement this Period

34.05

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2021-05-19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 248 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City
ScottsdaleState
AZZip Code
85250Purpose of Disbursement
Telephone Service

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-47838

Amount of Each Disbursement this Period

34.05

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2021-06-19

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 0 | 6 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54743

Amount of Each Disbursement this Period

6271.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 0 | 8 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54744

Amount of Each Disbursement this Period

5947.29

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12218.45

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 249 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Date of Disbursement

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y | | |
| 0 | 7 | | | | 1 | 6 | | | | | | 2 | 0 | 2 | 1 |

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54744

Amount of Each Disbursement this Period

7033.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Date of Disbursement

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y | | |
| 0 | 7 | | | | 1 | 6 | | | | | | 2 | 0 | 2 | 1 |

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54744

Amount of Each Disbursement this Period

1226.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Date of Disbursement

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y | | |
| 0 | 7 | | | | 2 | 3 | | | | | | 2 | 0 | 2 | 1 |

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54744

Amount of Each Disbursement this Period

6488.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

14748.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 250 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | | 2 | 3 | | | | 2 | 0 | 2 | 1 |

FEC Identification Number

C

Transaction ID : SB21B-54744

Amount of Each Disbursement this Period

1793.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | | 3 | 0 | | | | 2 | 0 | 2 | 1 |

FEC Identification Number

C

Transaction ID : SB21B-54745

Amount of Each Disbursement this Period

6633.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | | 0 | 9 | | | | 2 | 0 | 2 | 1 |

FEC Identification Number

C

Transaction ID : SB21B-54744

Amount of Each Disbursement this Period

6681.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15108.95

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 251 OF 317

| | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | | 1 | 1 | | | | | 2 | 0 | 2 |

FEC Identification Number

C

Transaction ID : SB21B-54745

Amount of Each Disbursement this Period

4974.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| 0 | 8 | | | | 2 | 0 | | | | | 2 | 0 | 2 |

FEC Identification Number

C

Transaction ID : SB21B-54745

Amount of Each Disbursement this Period

7864.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | | 2 | 5 | | | | | 2 | 0 | 2 |

FEC Identification Number

C

Transaction ID : SB21B-54745

Amount of Each Disbursement this Period

6404.89

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

19243.67

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 252 OF 317

| | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailers

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-34442

Amount of Each Disbursement this Period

1000.00

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-09-30

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailers

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-39254

Amount of Each Disbursement this Period

500.00

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2020-09-30

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| 0 | 9 | | | 0 | 9 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-5474t

Amount of Each Disbursement this Period

6798.27

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6798.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 253 OF 317

| | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 9 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54746

Amount of Each Disbursement this Period

6597.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 6 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54746

Amount of Each Disbursement this Period

6920.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 6 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54746

Amount of Each Disbursement this Period

1040.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

14558.88

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 254 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 30 | | 2021 |

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54746

Amount of Each Disbursement this Period

7283.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 30 | | 2021 |

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54747

Amount of Each Disbursement this Period

6969.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 08 | | 2021 |

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54747

Amount of Each Disbursement this Period

7281.51

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

21534.77

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 255 OF 317

| | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Date of Disbursement

| | | | | | | | | | | | | | |
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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 9 | | | 2 | 0 | 2 | 1 | | |

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54747

Amount of Each Disbursement this Period

7209.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54747

Amount of Each Disbursement this Period

7670.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | | 0 | 2 | | | 2 | 0 | 2 | 1 | | |

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-54747

Amount of Each Disbursement this Period

7385.29

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

22265.11

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 256 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| 1 | 1 | 1 | | 1 | 0 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54748

Amount of Each Disbursement this Period

819.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 | | 1 | 8 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54748

Amount of Each Disbursement this Period

7298.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 | | 1 | 8 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54748

Amount of Each Disbursement this Period

6851.61

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

14969.03

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 257 OF 317

| | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 | | 1 | 8 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54748

Amount of Each Disbursement this Period

830.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 | | 1 | 8 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54748

Amount of Each Disbursement this Period

830.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 3 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54748

Amount of Each Disbursement this Period

6728.87

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8389.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 258 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 03 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54749

Amount of Each Disbursement this Period

5805.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 08 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54749

Amount of Each Disbursement this Period

7611.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 16 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54749

Amount of Each Disbursement this Period

7600.09

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

21016.97

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 259 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
BrookfieldState
WIZip Code
53005Purpose of Disbursement
Mailing and Caging

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 31 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54749

Amount of Each Disbursement this Period

12327.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PACSmart Filing ServicesMailing Address 1013 Centre Rd.
Suite 403-ACity
WilmingtonState
DEZip Code
19805Purpose of Disbursement
FEC Compliance Reporting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 09 | | | | 30 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54750

Amount of Each Disbursement this Period

6400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PACSmart Filing ServicesMailing Address 1013 Centre Rd.
Suite 403-ACity
WilmingtonState
DEZip Code
19805Purpose of Disbursement
FEC Compliance Reporting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 08 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54751

Amount of Each Disbursement this Period

6400.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25127.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 260 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PACSmart Filing ServicesMailing Address 1013 Centre Rd.
Suite 403-ACity
WilmingtonState
DEZip Code
19805Purpose of Disbursement
FEC Compliance Reporting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 19 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54750

Amount of Each Disbursement this Period

3300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PACSmart Filing ServicesMailing Address 1013 Centre Rd.
Suite 403-ACity
WilmingtonState
DEZip Code
19805Purpose of Disbursement
FEC Compliance Reporting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 11 | | | | 02 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54750

Amount of Each Disbursement this Period

1100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PACSmart Filing ServicesMailing Address 1013 Centre Rd.
Suite 403-ACity
WilmingtonState
DEZip Code
19805Purpose of Disbursement
FEC Compliance Reporting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 08 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-54750

Amount of Each Disbursement this Period

1100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 261 OF 317

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PACSmart Filing Services

Mailing Address 1013 Centre Rd.
Suite 403-A

City
Wilmington

State
DE

Zip Code
19805

Purpose of Disbursement
FEC Compliance Reporting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54751

Amount of Each Disbursement this Period

1100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPay

Mailing Address 995 Market Street
Floor 2

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Combined 'off the top' CC Transaction fees Jul

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 31 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54751

Amount of Each Disbursement this Period

3311.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPay

Mailing Address 995 Market Street
Floor 2

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Combined 'off the top' CC Transaction fees Aug

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54751

Amount of Each Disbursement this Period

3615.76

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8027.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 262 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. RallyPayMailing Address 995 Market Street
Floor 2City
San FranciscoState
CAZip Code
94103Purpose of Disbursement
Combined 'off the top' CC Transaction fees Sep

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
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| 0 | 9 | | | | 3 | 0 | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54751

Amount of Each Disbursement this Period

3674.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPayMailing Address 995 Market Street
Floor 2City
San FranciscoState
CAZip Code
94103Purpose of Disbursement
Combined 'off the top' CC Transaction fees Oct

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| | 1 | 0 | | | 3 | 1 | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54751

Amount of Each Disbursement this Period

3316.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPayMailing Address 995 Market Street
Floor 2City
San FranciscoState
CAZip Code
94103Purpose of Disbursement
Combined 'off the top' CC Transaction fees Nov

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| | 1 | 1 | | | 3 | 0 | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-54751

Amount of Each Disbursement this Period

3328.41

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10319.87

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 263 OF 317

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. RallyPay

Mailing Address 995 Market Street
Floor 2

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Combined 'off the top' CC Transaction fees Dec

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54752

Amount of Each Disbursement this Period

4002.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPay

Mailing Address 995 Market Street
Floor 2

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Combined 'off the top' Credit Card Chargebacks

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

FEC Identification Number

C

Transaction ID : SB21B-54752

Amount of Each Disbursement this Period

3335.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Unbounce

Mailing Address 401 West Georgia Street

City
Vancouver

State
ZZ

Zip Code
V6B5A1

Purpose of Disbursement
Website landing page

004

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 01 / 2021

FEC Identification Number

C

Transaction ID : SB21B-66931

Amount of Each Disbursement this Period

127.20

☒ Memo Item Invoice paid from STEPHANIE MASTROIANNI personal account.

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7337.45

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 264 OF 317

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Unbounce

Mailing Address 401 West Georgia Street

City
Vancouver

State
ZZ

Zip Code
V6B5A1

Purpose of Disbursement
Website landing page

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 01 / 2021

FEC Identification Number

C

Transaction ID : SB21B-66938

Amount of Each Disbursement this Period

127.20

☒ Memo Item Invoice paid from STEPHANIE
MASTROIANNI personal account.

Full Name (Last, First, Middle Initial)

B. Unbounce

Mailing Address 401 West Georgia Street

City
Vancouver

State
ZZ

Zip Code
V6B5A1

Purpose of Disbursement
Website landing page

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 01 / 2021

FEC Identification Number

C

Transaction ID : SB21B-47836

Amount of Each Disbursement this Period

127.20

☒ Memo Item INVOICE BEING REIMBURSED.
Orig invoice date: 2021-02-18

Full Name (Last, First, Middle Initial)

C. Unbounce

Mailing Address 401 West Georgia Street

City
Vancouver

State
ZZ

Zip Code
V6B5A1

Purpose of Disbursement
Website landing page

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 01 / 2021

FEC Identification Number

C

Transaction ID : SB21B-47836

Amount of Each Disbursement this Period

127.20

☒ Memo Item INVOICE BEING REIMBURSED.
Orig invoice date: 2021-02-18

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 265 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Unbounce

Mailing Address 401 West Georgia Street

City
VancouverState
ZZZip Code
V6B5A1Purpose of Disbursement
Website landing page

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-47836

Amount of Each Disbursement this Period

127.20

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2021-03-18

Full Name (Last, First, Middle Initial)

B. Unbounce

Mailing Address 401 West Georgia Street

City
VancouverState
ZZZip Code
V6B5A1Purpose of Disbursement
Website landing page

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-47836

Amount of Each Disbursement this Period

127.20

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2021-03-18

Full Name (Last, First, Middle Initial)

C. Unbounce

Mailing Address 401 West Georgia Street

City
VancouverState
ZZZip Code
V6B5A1Purpose of Disbursement
Website landing page

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-47836

Amount of Each Disbursement this Period

127.20

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2021-04-18**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 266 OF 317

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Unbounce

Mailing Address 401 West Georgia Street

City
Vancouver

State
ZZ

Zip Code
V6B5A1

Purpose of Disbursement
Website landing page

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 01 / 2021

FEC Identification Number

C

Transaction ID : SB21B-47837

Amount of Each Disbursement this Period

127.20

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2021-05-18

Full Name (Last, First, Middle Initial)

B. Unbounce

Mailing Address 401 West Georgia Street

City
Vancouver

State
ZZ

Zip Code
V6B5A1

Purpose of Disbursement
Website landing page

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 01 / 2021

FEC Identification Number

C

Transaction ID : SB21B-47837

Amount of Each Disbursement this Period

117.56

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2021-06-18

Full Name (Last, First, Middle Initial)

C. Unbounce

Mailing Address 401 West Georgia Street

City
Vancouver

State
ZZ

Zip Code
V6B5A1

Purpose of Disbursement
Website landing page

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 01 / 2021

FEC Identification Number

C

Transaction ID : SB21B-47837

Amount of Each Disbursement this Period

127.20

INVOICE BEING REIMBURSED.

☒ Memo Item Orig invoice date: 2021-01-18

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 267 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Unbounce

Mailing Address 401 West Georgia Street

City
VancouverState
ZZZip Code
V6B5A1Purpose of Disbursement
Website landing page

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-66938

Amount of Each Disbursement this Period

127.20

☒ Memo Item Invoice paid from STEPHANIE MASTROIANNI personal account.

Full Name (Last, First, Middle Initial)

B. Unbounce

Mailing Address 401 West Georgia Street

City
VancouverState
ZZZip Code
V6B5A1Purpose of Disbursement
Website landing page

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-66938

Amount of Each Disbursement this Period

127.20

☒ Memo Item Invoice paid from STEPHANIE MASTROIANNI personal account.

Full Name (Last, First, Middle Initial)

C. Unbounce

Mailing Address 401 West Georgia Street

City
VancouverState
ZZZip Code
V6B5A1Purpose of Disbursement
Website landing page

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | | 0 | 1 | | | 2 | 0 | 2 | 1 | | |

FEC Identification Number

C

Transaction ID : SB21B-66938

Amount of Each Disbursement this Period

127.20

☒ Memo Item Invoice paid from STEPHANIE MASTROIANNI personal account.

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 268 OF 317

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Unbounce

Mailing Address 401 West Georgia Street

City
VancouverState
ZZZip Code
V6B5A1Purpose of Disbursement
Website landing page

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 01 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-66939

Amount of Each Disbursement this Period

127.20

☒ Memo Item Invoice paid from STEPHANIE MASTROIANNI personal account.

Full Name (Last, First, Middle Initial)

B. UPS STORE 2016Mailing Address 2021 L St NW
Ste 101City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Postage

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 09 | | | | 01 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-34448

Amount of Each Disbursement this Period

140.00

☒ Memo Item INVOICE BEING REIMBURSED.
Orig invoice date: 2020-11-15

Full Name (Last, First, Middle Initial)

C. VoIPster Communications

Mailing Address 11400 Decimal Dr #1003

City
LouisvilleState
KYZip Code
40299Purpose of Disbursement
Carrier Minutes

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 08 | | | | 2021 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B-5475;

Amount of Each Disbursement this Period

4753.77

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4753.77

1004906.70

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 269 OF 317

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mastroianni, Stephanie, , ,

Nature of Debt (Purpose):

Advance for various legal, administrative

Mailing Address 2021 L St NW Ste 101-193

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

15156.87

Transaction ID : SD-S471215

Amount Incurred This Period

763.20

Payment This Period

13000.00

Outstanding Balance at Close of This Period

2920.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LIVE TRANSFERS AND DONOR CREATION LLC

Nature of Debt (Purpose):

Telephone Fundraising

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City

SAN JUAN

State

PR

Zip Code

00909

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD-S633779

Amount Incurred This Period

15163.68

Payment This Period

0.00

Outstanding Balance at Close of This Period

15163.68

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

18083.75

2) **TOTALS** This Period (last page this line number only)..... ►

18083.75

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

18083.75

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 270 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
|--|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">949.89</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE-S631949 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: CORNYN, JOHN, , Sen, | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">12083.24</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">949.89</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE-S631951 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: TILLIS, THOM, R., Sen, | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">12083.22</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y

12

15

2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 271 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |

| | | | | |
|--|-------------|-------------------|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">949.89</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S631953 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | | Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | |
| Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, , | | | Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">12083.22</div> | | | | |

| | | | | |
|--|-------------|-------------------|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">949.89</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S631955 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | | Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | |
| Name of Federal Candidate: LESKO, DEBBIE, , | | | Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">12083.21</div> | | | | |

| | | |
|--|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 272 OF 317
 FOR LINE 24 OF FORM 3X

| | |
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| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC | | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Invoice paid after close of books | | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">22</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">949.89</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | Transaction ID : SE-S631957 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | | |
| Name of Federal Candidate: SHAHEEN, JEANNE, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">12083.22</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC | | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Invoice paid after close of books | | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">22</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">949.89</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | Transaction ID : SE-S631959 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | | |
| Name of Federal Candidate: BLUNT, ROY, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">12083.25</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 273 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|---|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |

| | | | |
|--|-------------|--|---|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 949.89 </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support MURRAY, PATTY, , , <input type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">12083.24</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ |

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| Full Name of Payee <input checked="" type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 949.89 </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support VAN HOLLEN, CHRIS, , , <input type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">12083.24</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 274 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
|--|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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|--|-------------|-------------------|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">945.57</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S631965 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | | Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | |
| Name of Federal Candidate: CORNYN, JOHN, , Sen, | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">13028.81</div> | | | | |

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|--|-------------|-------------------|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">945.57</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S631967 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | | Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | |
| Name of Federal Candidate: TILLIS, THOM, R., Sen, | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">13028.79</div> | | | | |

| | | |
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| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 275 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
|--|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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Y Y Y Y Y Y

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|--|-------------|--|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">945.57</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S631969 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Name of Federal Candidate: <input checked="" type="checkbox"/> Support LAWRENCE, BRENDA, LULENAR, , <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">13028.79</div> | Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">945.57</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S631971 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Name of Federal Candidate: <input checked="" type="checkbox"/> Support LESKO, DEBBIE, , , <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">13028.78</div> | Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 276 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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|--|-------------|--|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">945.57</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S631973 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Name of Federal Candidate: <input checked="" type="checkbox"/> Support SHAHEEN, JEANNE, , , <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">13028.79</div> | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">945.57</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S631975 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Name of Federal Candidate: <input checked="" type="checkbox"/> Support BLUNT, ROY, , , <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">13028.82</div> | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

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|--|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 277 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
|--|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC | | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Invoice paid after close of books | | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">945.57</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | Transaction ID : SE-S631977 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | | |
| Name of Federal Candidate: MURRAY, PATTY, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WA | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">13028.81</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC | | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Invoice paid after close of books | | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">945.57</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | Transaction ID : SE-S631979 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | | |
| Name of Federal Candidate: VAN HOLLEN, CHRIS, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">13028.81</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 278 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
|--|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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| | | | | | |
|--|-------------|-----------------------|---|--|--|
| Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC | | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Invoice paid after close of books | | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">909.09</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | Transaction ID : SE-S631981 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | | | |
| Name of Federal Candidate: CORNYN, JOHN, , Sen, | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">909.09</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | | |
|--|-------------|-----------------------|---|--|--|
| Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC | | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Invoice paid after close of books | | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">909.09</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | Transaction ID : SE-S631983 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | | | |
| Name of Federal Candidate: TILLIS, THOM, R., Sen, | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">909.09</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 279 OF 317
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | | FEC IDENTIFICATION NUMBER ▼ C C00755694 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/> | |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 01 / 01 / 2022 | |
| Invoice paid after close of books | | | Amount <input type="text" value="909.09"/> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Transaction ID : SE-S631985 | |
| City SAN JUAN | State PR | Zip Code 00909 | Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <input type="text" value="004"/> | | |
| Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u> | |
| Calendar Year-To-Date Per Election for Office Sought <input type="text" value="909.09"/> | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

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|---|-------------|--|---|--|
| Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 01 / 01 / 2022 | |
| Invoice paid after close of books | | | Amount <input type="text" value="909.09"/> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Transaction ID : SE-S631987 | |
| City SAN JUAN | State PR | Zip Code 00909 | Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <input type="text" value="004"/> | | |
| Name of Federal Candidate: LESKO, DEBBIE, , , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u> | |
| Calendar Year-To-Date Per Election for Office Sought <input type="text" value="909.09"/> | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|-----------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | <input type="text" value="0.00"/> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <input type="text" value=""/> |
| (c) TOTAL Independent Expenditures | <input type="text" value=""/> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature MASTROIANNI, STEPHANIE, , ,
[Electronically Filed]

Date 12 / 29 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 280 OF 317
 FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
|--|---|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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|--|-------------|--|---|--|--|
| Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC | | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Invoice paid after close of books | | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">909.09</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | Transaction ID : SE-S631989 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | | |
| Name of Federal Candidate: SHAHEEN, JEANNE, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">909.09</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC | | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Invoice paid after close of books | | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">909.09</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | Transaction ID : SE-S631991 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | | |
| Name of Federal Candidate: BLUNT, ROY, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">909.09</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

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| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 281 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
|--|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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|--|-------------|-----------------------|---|--|--|
| Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC | | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Invoice paid after close of books | | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">909.09</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | Transaction ID : SE-S631993 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | | | |
| Name of Federal Candidate: MURRAY, PATTY, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WA | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">909.09</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | | |
|--|-------------|-----------------------|---|--|--|
| Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC | | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Invoice paid after close of books | | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">909.09</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | Transaction ID : SE-S631995 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | | | |
| Name of Federal Candidate: VAN HOLLEN, CHRIS, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">909.09</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 282 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
|--|---|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

| | | | | |
|--|-------------|---|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1375.00</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div> | Transaction ID : SE-S431198 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, , | | | Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1375.00</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|---|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1375.00</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div> | Transaction ID : SE-S431200 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: LESKO, DEBBIE, , | | | Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1375.00</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">2750.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 283 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|---|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |

| | | | |
|--|-------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1375.00</div> Transaction ID : SE-S431202 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose SHAHEEN, JEANNE, , , | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: NH |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1375.00</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|--|-------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1375.00</div> Transaction ID : SE-S431204 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BLUNT, ROY, , , | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: MO |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1375.00</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2750.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 284 OF 317
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|-------------|--|---|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1375.00 </div> | |
| City SAN JUAN | | State PR | | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate: MURRAY, PATTY, , , | | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: WA | |
| Calendar Year-To-Date Per Election for Office Sought | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1375.00</div> | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1375.00 </div> | |
| City SAN JUAN | | State PR | | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate: VAN HOLLEN, CHRIS, , , | | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: MD | |
| Calendar Year-To-Date Per Election for Office Sought | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1375.00</div> | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| <div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2750.00</div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> (c) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>MASTROIANNI, STEPHANIE, , ,</u> | | | | Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 285 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on MM / DD / YYYY | |

| | | | |
|---|-------------|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 10 / 13 / 2021 </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 1375.00 </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/Type 004 | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CORNYN, JOHN, , Sen, | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: TX <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 1375.00 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-------------|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 10 / 13 / 2021 </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 1375.00 </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/Type 004 | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TILLIS, THOM, R., Sen, | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 1375.00 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ MM / DD / YYYY 2750.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ MM / DD / YYYY |
| (c) TOTAL Independent Expenditures | ▶ MM / DD / YYYY |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

MM / DD / YYYY
 10 / 13 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 286 OF 317
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on | | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1400.25</div> | | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S431107 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div> | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: CORNYN, JOHN, , Sen, | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">2775.26</div> | | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1400.25</div> | | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S431109 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div> | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: TILLIS, THOM, R., Sen, | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">2775.25</div> | | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">2800.50</div> </div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> </div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> </div> </div> | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>MASTROIANNI, STEPHANIE, , ,</u> | | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 287 OF 317
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|-------------|--|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on MM / DD / YYYY | | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2021 | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount 1400.25 | |
| City SAN JUAN | | State PR | | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | | | Category/Type 004 | |
| Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, , | | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI | |
| Calendar Year-To-Date Per Election for Office Sought 2775.25 | | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2021 | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount 1400.25 | |
| City SAN JUAN | | State PR | | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | | | Category/Type 004 | |
| Name of Federal Candidate: LESKO, DEBBIE, , | | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ | |
| Calendar Year-To-Date Per Election for Office Sought 2775.25 | | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures </div> <div style="text-align: right;"> 2800.50 </div> </div> | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| MASTROIANNI, STEPHANIE, , , Signature | | | | Date MM / DD / YYYY 10 / 20 / 2021 | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 288 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
|--|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1400.25</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S431115 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose SHAHEEN, JEANNE, , , | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">2775.25</div> | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u> | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1400.25</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S431117 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BLUNT, ROY, , , | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">2775.26</div> | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u> | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 2800.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 289 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
|--|---|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1400.25</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE-S431119 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: MURRAY, PATTY, , , | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WA</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2775.25</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1400.25</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE-S431121 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: VAN HOLLEN, CHRIS, , , | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MD</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2775.25</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 2800.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 290 OF 317
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on | | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1287.79</div> | | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434145 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div> | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: CORNYN, JOHN, , Sen, | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">4063.05</div> | | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1287.79</div> | | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434147 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div> | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: TILLIS, THOM, R., Sen, | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">4063.04</div> | | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">2575.58</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div> | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>MASTROIANNI, STEPHANIE, , ,</u> | | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 291 OF 317
 FOR LINE 24 OF FORM 3X

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|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
|--|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1287.79</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | Transaction ID : SE-S434149 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, , | | | Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4063.04</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1287.79</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | Transaction ID : SE-S434151 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: LESKO, DEBBIE, , | | | Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4063.04</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 2575.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 292 OF 317
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|-----------------------|---|---|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on | | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1287.79</div> | | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434153 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: SHAHEEN, JEANNE, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">4063.04</div> | | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1287.80</div> | | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434155 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: BLUNT, ROY, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">4063.06</div> | | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">2575.59</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div> | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>MASTROIANNI, STEPHANIE, , ,</u> | | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 293 OF 317
 FOR LINE 24 OF FORM 3X

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|---|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1287.80</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434157 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div> | <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: MURRAY, PATTY, , , | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">4063.05</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1287.80</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434159 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div> | <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: VAN HOLLEN, CHRIS, , , | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">4063.05</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 2575.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 294 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on MM / DD / YYYY | |

| | | | |
|--|-------------|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 10 / 2021 </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1120.60 </div> Transaction ID : SE-S434177 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 03 / 2021 </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CORNYN, JOHN, , Sen, | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: TX |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6324.10</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|--|-------------|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 10 / 2021 </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1120.59 </div> Transaction ID : SE-S434179 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 03 / 2021 </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TILLIS, THOM, R., Sen, | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6324.09</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">2241.19</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Signature

Date

MM / DD / YYYY
11 / 17 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 295 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
|--|---|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

| | | | | |
|--|-------------|---|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1120.59</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div> | Transaction ID : SE-S434181 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, , | | | Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6324.09</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|---|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1120.59</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div> | Transaction ID : SE-S434183 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: LESKO, DEBBIE, , | | | Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6324.09</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">2241.18</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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17

2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 296 OF 317
 FOR LINE 24 OF FORM 3X

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|---|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on M M / D D / Y Y Y Y Y Y | |

| | | | |
|---|-------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 10 / 2021 </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1120.60 </div> Transaction ID : SE-S434185 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 03 / 2021 </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/Type 004 | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose SHAHEEN, JEANNE, , , | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH |
| Calendar Year-To-Date Per Election for Office Sought 6324.09 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 10 / 2021 </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1120.60 </div> Transaction ID : SE-S434187 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 03 / 2021 </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/Type 004 | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BLUNT, ROY, , , | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO |
| Calendar Year-To-Date Per Election for Office Sought 6324.11 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ 2241.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ |
| (c) TOTAL Independent Expenditures | ▶ |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
11 / 17 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 297 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|---|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |

| | | | |
|--|-------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1120.60</div> |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434189 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Name of Federal Candidate: MURRAY, PATTY, , , | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6324.10</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|--|-------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1120.60</div> |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434191 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Name of Federal Candidate: VAN HOLLEN, CHRIS, , , | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6324.10</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2241.20</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

M M M

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 298 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |

| | | | | |
|---|-------------|-------------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">1040.10</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type | Transaction ID : SE-S434193 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: CORNYN, JOHN, , Sen, | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TX</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

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|---|-------------|-------------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">1040.09</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type | Transaction ID : SE-S434195 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: TILLIS, THOM, R., Sen, | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 2080.19 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 299 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|---|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1040.09</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434197 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div> | <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, , | | | Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">7364.18</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1040.09</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434199 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div> | <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: LESKO, DEBBIE, , | | | Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">7364.18</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 2080.18 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 300 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |

| | | | | |
|--|-------------|---|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">1040.10</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | Transaction ID : SE-S434201 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: SHAHEEN, JEANNE, , , | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u> | |
| Calendar Year-To-Date Per Election for Office Sought 7364.19 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|---|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">1040.10</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | Transaction ID : SE-S434203 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: BLUNT, ROY, , , | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u> | |
| Calendar Year-To-Date Per Election for Office Sought 7364.21 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 2080.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 301 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
|--|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

| | | | | |
|--|-------------|-------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1040.10</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type | <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | |
| Name of Federal Candidate: MURRAY, PATTY, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">7364.20</div> | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | | District: 00 State: WA | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|-------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1040.10</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type | <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | |
| Name of Federal Candidate: VAN HOLLEN, CHRIS, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">7364.20</div> | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | | District: 00 State: MD | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 2080.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 302 OF 317
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|-----------------------|---|---|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on | | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">909.84</div> | | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434209 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: CORNYN, JOHN, , Sen, | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">8274.04</div> | | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">909.84</div> | | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434211 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: TILLIS, THOM, R., Sen, | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">8274.02</div> | | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">1819.68</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | | |
| (c) TOTAL Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>MASTROIANNI, STEPHANIE, , ,</u> | | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | | |
| [Electronically Filed] | | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 303 OF 317
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|-------------|--|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div> | | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> 909.84 </div> | |
| City SAN JUAN | | State PR | | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | | | Category/Type 004 | |
| Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, , | | | | Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI | |
| Calendar Year-To-Date Per Election for Office Sought | | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |
| Calendar Year-To-Date Per Election for Office Sought | | | | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> 8274.02 </div> | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> 909.84 </div> | |
| City SAN JUAN | | State PR | | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | | | Category/Type 004 | |
| Name of Federal Candidate: LESKO, DEBBIE, , | | | | Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ | |
| Calendar Year-To-Date Per Election for Office Sought | | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |
| Calendar Year-To-Date Per Election for Office Sought | | | | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> 8274.02 </div> | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> 1819.68 </div> </div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> </div> </div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> </div> </div> </div> | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>MASTROIANNI, STEPHANIE, , ,</u> | | | | Date [Electronically Filed] <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 304 OF 317
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|------------------------|---|---|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on | | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">909.84</div> | | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434217 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Telephone Fundraising | | Category/Type 004 | Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: SHAHEEN, JEANNE, , , | | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">909.85</div> | | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434219 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Telephone Fundraising | | Category/Type 004 | Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: BLUNT, ROY, , , | | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">1819.69</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | | |
| (c) TOTAL Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature MASTROIANNI, STEPHANIE, , , | | [Electronically Filed] | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 305 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on M M / D D / Y Y Y Y Y Y | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y Y Y 11 / 24 / 2021 </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 909.85 </div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | Transaction ID : SE-S434221 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y Y Y 11 / 17 / 2021 </div> | |
| Name of Federal Candidate: MURRAY, PATTY, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WA</u> | |
| Calendar Year-To-Date Per Election for Office Sought 8274.05 | | | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y Y Y 11 / 24 / 2021 </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 909.85 </div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | Transaction ID : SE-S434223 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y Y Y 11 / 17 / 2021 </div> | |
| Name of Federal Candidate: VAN HOLLEN, CHRIS, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MD</u> | |
| Calendar Year-To-Date Per Election for Office Sought 8274.05 | | | | |

| | | |
|--|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 1819.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
11 / 24 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 306 OF 317
 FOR LINE 24 OF FORM 3X

| | | | | | | | | | | | |
|---|---|-------------|--|--|--|---|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> | | | | | | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on MM / DD / YYYY | | | | | | | | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2021 | | | | | | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount 909.85 | | | | | | | |
| City SAN JUAN | | State PR | | Zip Code 00909 | | | | | | | |
| Purpose of Expenditure Telephone Fundraising | | | | Category/Type 004 | | | | | | | |
| Name of Federal Candidate: CORNYN, JOHN, , Sen, | | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: TX | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 9183.89 | | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2021 | | | | | | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount 909.85 | | | | | | | |
| City SAN JUAN | | State PR | | Zip Code 00909 | | | | | | | |
| Purpose of Expenditure Telephone Fundraising | | | | Category/Type 004 | | | | | | | |
| Name of Federal Candidate: TILLIS, THOM, R., Sen, | | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 9183.87 | | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">▶ 1819.70</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;">▶ </td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> </table> | | | | | | (a) SUBTOTAL of Itemized Independent Expenditures | ▶ 1819.70 | (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | (c) TOTAL Independent Expenditures | ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ 1819.70 | | | | | | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | | | | | | | | | | |
| (c) TOTAL Independent Expenditures | ▶ | | | | | | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | | | | | | | |
| Signature <u>MASTROIANNI, STEPHANIE, , ,</u> | | | | Date MM / DD / YYYY 11 / 29 / 2021 | | | | | | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 307 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
|--|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

| | | | | |
|---|-------------|-------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">909.85</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type | <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | |
| Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">9183.87</div> | |
| Office Sought: | | | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate | |
| District: 14 | | | State: MI | |
| Disbursement For: | | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| 2022 | | | <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------|-------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">909.84</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type | <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | |
| Name of Federal Candidate: LESKO, DEBBIE, , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">9183.86</div> | |
| Office Sought: | | | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate | |
| District: 08 | | | State: AZ | |
| Disbursement For: | | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| 2022 | | | <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;">1819.69</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 308 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|---|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 909.84 </div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose SHAHEEN, JEANNE, , , | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NH | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">9183.87</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 909.84 </div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BLUNT, ROY, , , | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MO | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">9183.90</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1819.68</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Signature

Date

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Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 309 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
|--|---|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 909.84 </div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE-S434237 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: MURRAY, PATTY, , , | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WA</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9183.89</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 909.84 </div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE-S434239 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: VAN HOLLEN, CHRIS, , , | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MD</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9183.89</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 1819.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 310 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on MM / DD / YYYY | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 12 / 08 / 2021 </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 980.13 </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/Type 004 | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CORNYN, JOHN, , Sen, | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: TX <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 10164.02 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|--|-------------|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 12 / 08 / 2021 </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 980.13 </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/Type 004 | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TILLIS, THOM, R., Sen, | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 10164.00 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ MM / DD / YYYY 1960.26 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ MM / DD / YYYY |
| (c) TOTAL Independent Expenditures | ▶ MM / DD / YYYY |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

MM / DD / YYYY
 12 / 01 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 311 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|---|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |

| | | | | |
|---|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">980.13</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE-S434245 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, , | | | Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">10164.00</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">980.13</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE-S434247 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: LESKO, DEBBIE, , | | | Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">10163.99</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1960.26</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> |
| (c) TOTAL Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

M M /

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 312 OF 317
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|-----------------------|---|---|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on | | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">980.13</div> | | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434249 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: SHAHEEN, JEANNE, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NH | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">10164.00</div> | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">10164.00</div> | | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">980.13</div> | | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434251 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: BLUNT, ROY, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MO | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">10164.03</div> | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">10164.03</div> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">1960.26</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | | |
| (c) TOTAL Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| MASTROIANNI, STEPHANIE, , , Signature | | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| [Electronically Filed] | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 313 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|---|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |

| | | | | |
|---|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 980.13 </div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434253 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: MURRAY, PATTY, , , | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">10164.02</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 980.13 </div> | |
| City SAN JUAN | State PR | Zip Code 00909 | Transaction ID : SE-S434255 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: VAN HOLLEN, CHRIS, , , | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">10164.02</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 1960.26 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Signature

Date

M M /

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Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 314 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on M M / D D / Y Y Y Y Y Y | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y Y Y 12 / 15 / 2021 </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 969.33 </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/Type 004 | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CORNYN, JOHN, , Sen, | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: TX |
| Calendar Year-To-Date Per Election for Office Sought 11133.35 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|--|-------------|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y Y Y 12 / 15 / 2021 </div> |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 969.33 </div> |
| City SAN JUAN | State PR | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | Category/Type 004 | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TILLIS, THOM, R., Sen, | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC |
| Calendar Year-To-Date Per Election for Office Sought 11133.33 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ 1938.66 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ |
| (c) TOTAL Independent Expenditures | ▶ |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

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 /
 12 / 08 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 315 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> |
|--|---|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

| | | | | |
|---|-------------|-------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 969.33 </div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type | <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">11133.33</div> | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate | | | District: 14 State: MI | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------|-------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 969.33 </div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type | <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate: LESKO, DEBBIE, , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">11133.32</div> | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate | | | District: 08 State: AZ | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | 2022 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">1938.66</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

M M /

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 316 OF 317
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00755694 </div> |
|--|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

| | | | | |
|--|-------------|---|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">969.33</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | Transaction ID : SE-S631941 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: SHAHEEN, JEANNE, , , | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u> | |
| Calendar Year-To-Date Per Election for Office Sought 11133.33 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|---|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">969.33</div> | |
| City SAN JUAN | State PR | Zip Code 00909 | | |
| Purpose of Expenditure Telephone Fundraising | | Category/ Type 004 | Transaction ID : SE-S631943 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: BLUNT, ROY, , , | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u> | |
| Calendar Year-To-Date Per Election for Office Sought 11133.36 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 1938.66 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

M M /

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 317 OF 317
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|-------------|--|---|--|
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">969.33</div> | |
| City SAN JUAN | | State PR | | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | | | Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div> | |
| Name of Federal Candidate: MURRAY, PATTY, , , | | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: WA | |
| Calendar Year-To-Date Per Election for Office Sought | | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">11133.35</div> | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC | | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 1607 Ponce de Leon ave Suite GM8 | | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">969.33</div> | |
| City SAN JUAN | | State PR | | Zip Code 00909 | |
| Purpose of Expenditure Telephone Fundraising | | | | Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div> | |
| Name of Federal Candidate: VAN HOLLEN, CHRIS, , , | | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: MD | |
| Calendar Year-To-Date Per Election for Office Sought | | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">11133.35</div> | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">1938.66</div> </div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;"> </div> </div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">79943.07</div> </div> </div> | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>MASTROIANNI, STEPHANIE, , ,</u> | | | | Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| [Electronically Filed] | | | | Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |